

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004708

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** THE HELEN P. GLIMPSE CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

2004 W BUSCH BLVD  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 7894  
TAMPA, FL 33673 US

**New Mailing Address:**

P O BOX 919  
LUTZ, FL 33548 US

**FEI Number:** 59-3340126

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHEAT, ANTOINETTE J  
2004 W BUSCH BOULEVARD  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COX - GLIMPSE, BILLIE  
Address: P. O. BOX 7894  
City-St-Zip: TAMPA, FL 33673

Title: D ( ) Delete  
Name: SCHWEGEL, MARGARET  
Address: 2415 BANKS DRIVE  
City-St-Zip: ALTON, IL

Title: TD ( ) Delete  
Name: ROBERSON-SCHMIDT, LESLIE  
Address: 19506 FRENCH LACE DRIVE  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: COX - GLIMPSE, BILLIE  
Address: P. O. BOX 919  
City-St-Zip: LUTZ, FL 33548

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLIE COX-GLIMPSE

ED

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date