

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N95000004708

**FILED**  
**Sep 23, 2013**  
**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 919  
LUTZ, FL 33548 US

**New Mailing Address:**

**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:** ANTOINETTE J. WHEAT, CPA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** COX - GLIMPSE, BILLIE  
**Address:** P. O. BOX 919  
**City-St-Zip:** LUTZ, FL 33548

**Title:** D  
**Name:** SCHWEGEL, MARGARET  
**Address:** 2415 BANKS DRIVE  
**City-St-Zip:** ALTON, IL 62002

**Title:** TD  
**Name:** ROBERSON-SCHMIDT, LESLIE  
**Address:** 19506 FRENCH LACE DRIVE  
**City-St-Zip:** LUTZ, FL 33558

I hereby 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 all other like empowered.

**SIGNATURE:** BILLIE COX GLIMPSE

PD

09/23/2013

Electronic Signature of Signing Officer or Director

Date