

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90109 001 ****70.00

DOCUMENT # N99000001326

1. Entity Name
GLEANERS DISPATCH, INC.

Principal Place of Business 4151 OLD MIDDLEBURG ROAD JACKSONVILLE FL 32210	Mailing Address 8207 103RD STREET JACKSONVILLE FL 32210-6553
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3563107	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ZVARA, WILLIAM L
 4810 ARAPAHOE AVE
 JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRANTZ, KENNETH 1092 MEADOW DRIVE ORANGE PARK FL 32065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM FOUNTAIN, H D 5472 SYLVAN CT ORANGE PARK-FL 32067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FOUNTAIN, TERRY L 5472 SYLVAN CT ORANGE PARK FL 32067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FREEMAN, HENRY H 4737 CARLISLE ROAD JACKSONVILLE FL 32210-2135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, CHERYL 13909 LEM TURNER RD JACKSONVILLE FL 32218	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGLESBY, RON H 5808 CONNIE JEAN ROAD JACKSONVILLE FL 32222	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MICHAEL WRIGHT 175 BLANDING BLVD., Ste. 1 ORANGE PARK, FL 32073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RICHARD L. SMITH 7319 BUNION DRIVE JACKSONVILLE, FL 32222-2005	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FOUNTAIN, TERRY L. 5472 SYLVAN CT. ORANGE PARK, FL 32067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Terry L. Fountain **April 23, 2002** (904) 777-62344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)



Attachment
GLEANERS =DISPATCH= Inc.

"A non-profit organization whose purpose is to
redistribute fresh food to families in need"

789900
N9900001326
Mailing Address:
8207 103rd Street
Jacksonville, FL 32210 - 6553
Tel: (904) 777-6344
Fax: (904) 777-6362
Distribution Address:
4151 Old Middleburg Rd.
Jacksonville, FL 32210

April 23, 2002

Last year we added

WILSON, CECIL as a
Director and
TREASURER

His name did not appear in
the pre-printed #10 on this year's form.
However, his name should be
deleted if it is in your records.
He is no longer on the Board of
Directors, nor is he the Treasurer.

Thank you,
Jerry J. Fountain
4/23/02