


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90346 001 ****70.00

DOCUMENT # N99000001326

1. Entity Name
GLEANERS DISPATCH, INC.



Principal Place of Business Mailing Address

4151 OLD MIDDLEBURG ROAD 8207 103RD STREET
 JACKSONVILLE FL 32210 JACKSONVILLE FL 32210-6553

2. Principal Place of Business 3. Mailing Address

8207 103rd Street

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Jacksonville, FL

Zip Country Zip Country

32210-6553 Duval



MOORE CR2E037 (11/03)

4. FEI Number Applied For

59-3563107 Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, MICHEAL 175 BLANDING BLVD., STE 1 ORANGE PARK FL 32073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM FOUNTAIN, H D 8230 APRIL ST JACKSONVILLE FL 32244-1104 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FOUNTAIN, TERRY L 8230 APRIL ST JACKSONVILLE FL 32244-1104 <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 SMITH, RICHARD L 7319 BUNION DR JACKSONVILLE FL 32222-2005 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, CLINT 2770 HOLLY POINT RD W ORANGE PARK FL 32073 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHN CAIN 6163 FIRESTONE Rd JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TERRY L. Fountain 8230 April St. JACKSONVILLE, FL 32244-1104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FREEMAN, HENRY H. 4737 Carlisle Road JACKSONVILLE, FL 32210-2135
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* **TERRY L. FOUNTAIN** Date: **4/28/04** Daytime Phone #: **(904) 777-6344**