


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90298 008 ****70.00

DOCUMENT # N99000001326

1. Entity Name
GLEANERS DISPATCH, INC.



Principal Place of Business
**8207 103RD STREET
 JACKSONVILLE, FL 32210-6553**

Mailing Address
**8207 103RD STREET
 JACKSONVILLE, FL 32210-6553**

50051135



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01072005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-3563107

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZVARA, WILLIAM L
 4810 ARAPAHOE AVE
 JACKSONVILLE, FL 32210

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **CAIN, JOHN**
 STREET ADDRESS **6163 FIRESTONE RD.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32244**

TITLE **D** Change Addition
 NAME **CAIN, JOHN**
 STREET ADDRESS **2603 ART MUSEUM, #148**
 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **DM** Delete
 NAME **FOUNTAIN, H D**
 STREET ADDRESS **8230 APRIL ST**
 CITY-ST-ZIP **JACKSONVILLE, FL 322441104**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DST** Delete
 NAME **FOUNTAIN, TERRY L**
 STREET ADDRESS **8230 APRIL ST**
 CITY-ST-ZIP **JACKSONVILLE, FL 322441104**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** Delete
 NAME **FREEMAN, HENRY H**
 STREET ADDRESS **4737 CARLISLE ROAD**
 CITY-ST-ZIP **JACKSONVILLE, FL 322102135**

TITLE **C/P** Change Addition
 NAME **FREEMAN HENRY**
 STREET ADDRESS **4737 CARLISLE ROAD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32210-2135**

TITLE **D** Delete
 NAME **SMITH, RICHARD L**
 STREET ADDRESS **7319 BUNION DR**
 CITY-ST-ZIP **JACKSONVILLE, FL 32222005**

TITLE **D** Change Addition
 NAME **Smith, Richard L.**
 STREET ADDRESS **7319 Bunion Dr.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32222-2005**

TITLE **D** Delete
 NAME **QUINN, CLINT**
 STREET ADDRESS **2770 HOLLY POINT RD W**
 CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE **D** Change Addition
 NAME **WRIGHT, MICHAEL**
 STREET ADDRESS **175 Blanding Blvd., Ste 1**
 CITY-ST-ZIP **ORANGE PARK, FL 32073**

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/1/05** Daytime Phone # **(904) 777-6344**