

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90098 026 ****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**

50010951



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082006 Chg-NP CR2E037 (11/05)

City & State

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

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

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	<input type="checkbox"/> Delete
NAME	CAIN, JOHN	
STREET ADDRESS	2603 ART MUSEUM, # 148	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	DM	<input type="checkbox"/> Delete
NAME	FOUNTAIN, H D	
STREET ADDRESS	8230 APRIL ST	
CITY-ST-ZIP	JACKSONVILLE, FL 322441104	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FOUNTAIN, TERRY L	
STREET ADDRESS	8230 APRIL ST	
CITY-ST-ZIP	JACKSONVILLE, FL 322441104	
TITLE	CP	<input type="checkbox"/> Delete
NAME	FREEMAN, HENRY	
STREET ADDRESS	4737 CARLISLE ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, RICHARD L	
STREET ADDRESS	7319 BUNION DR	
CITY-ST-ZIP	JACKSONVILLE, FL 322222005	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUINN, CLINT	
STREET ADDRESS	2770 HOLLY POINT RD W	
CITY-ST-ZIP	ORANGE PARK, FL 32073	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIN, John	
STREET ADDRESS	P.O. Box 138	
CITY-ST-ZIP	WACISSA, FL 32361	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUNTAIN, H. David	
STREET ADDRESS	8230 April St	
CITY-ST-ZIP	JACKSONVILLE, FL 32244-1104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, HENRY	
STREET ADDRESS	4737 Carlisle Rd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Richard L.	
STREET ADDRESS	7319 Bunion Dr.	
CITY-ST-ZIP	JACKSONVILLE, FL 32222-2005	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **4/10/06** (904) 777-6344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

~~50010951~~
~~#N99000001326~~

ADDENDUM

2006 Not-For-Profit Corporation
ANNUAL REPORT

Block 11 - Additions to Directors in Block 10

Title	D
Name	WRIGHT, MICHAEL
Street Address	2419 Patsy Ann Drive
City-ST-Zip	Jacksonville, FL 32207

Title	D
Name	BRASHEARS, FRANK
Street Address	1105 Carlotta Road West
City-ST-Zip	Jacksonville, FL 32211

Title	D
Name	ROBBINS, JACKIE
Street Address	5921 West Beaver Street
City-ST-Zip	Jacksonville, FL 32254