


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90005 014 ****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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3563107	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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
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 re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAIN, JOHN		NAME	Brashears, Frank	
STREET ADDRESS	POB 138		STREET ADDRESS	1105 Carlotta Road West	
CITY-ST-ZIP	WACISSA, FL 32381		CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	Fountain, H. David	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUNTAIN, DAVID H		NAME	Not "David H."	
STREET ADDRESS	8230 APRIL ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322441104		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	Wright, Michael	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOUNTAIN, TERRY L		NAME	2419 Patsy Ann Drive	
STREET ADDRESS	8230 APRIL ST		STREET ADDRESS	Jacksonville, FL 32207	
CITY-ST-ZIP	JACKSONVILLE, FL 322441104		CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	Robbins, Jackie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREEMAN, HENRY		NAME	5921 West Beaver St.	
STREET ADDRESS	4737 CARLISLE ROAD		STREET ADDRESS	Jacksonville, FL 32254	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	Chaney, George	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, RICHARD L		NAME	7557 Allspice Circle South	
STREET ADDRESS	7319 BUNION DR		STREET ADDRESS	Jacksonville, FL 32244-7031	
CITY-ST-ZIP	JACKSONVILLE, FL 32222005		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Sizemore, Shirley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUINN, CLINT		NAME	5302 Monroe Smith Rd.	
STREET ADDRESS	2770 HOLLY POINT RD W		STREET ADDRESS	Jacksonville, FL 32210	
CITY-ST-ZIP	ORANGE PARK, FL 32073		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: <i>Terry L Fountain</i>		Date: 2-28-07		Daytime Phone #: (904) 777-6344	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

4002 7287

**ADDENDUM
2007 Not-For-Profit Corporation
ANNUAL REPORT**

**Document #N99000001326
GLEANERS DISPATCH, INC.**

BLOCK 11 - Addition to Directors

Title	D
Name	Waller, Rick
Street Address	7046 Ramona Boulevard
City-ST-Zip	Jacksonville, FL 32205

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