

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005770

FILED
Jul 01, 2005
Secretary of State

Entity Name: GLOTFELTY FOUNDATION, INC.

Current Principal Place of Business:

1086 TRACE PLACE
LAKELAND, FL 33813

New Principal Place of Business:

2647 VERANDAH VUE DRIVE
LAKELAND, FL 33813

Current Mailing Address:

1108 COCKLIN STREET
MECHANICSBURG, PA 17055

New Mailing Address:

FEI Number: 58-3604473 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GLOTFELTY, EDWARD N
1086 TRACE PLACE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

GLOTFELTY, EDWARD N
2647 VERANDAH VUE DRIVE
LAKELAND, FL 33813 US

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: _____

07/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GLOTFELTY, JOHN W
Address: 2233 NOTTINGHAM RD.
City-St-Zip: LAKELAND, FL 338033523

Title: D () Delete
Name: GLOTFELTY, EDWARD N
Address: 1108 COCKLIN STREET
City-St-Zip: MECHANICSBURG, PA 17055

Title: D () Delete
Name: GLOTFELTY, BONNIE
Address: 2233 NOTTINGHAM RD.
City-St-Zip: LAKELAND, FL 338033523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD NEIL GLOTFELTY

D

07/01/2005

Electronic Signature of Signing Officer or Director

Date