
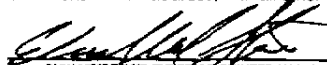


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000005770</b>		
1. Entity Name GLOTFELTY FOUNDATION, INC.		
Principal Place of Business 2647 VERANDAH VUE DRIVE LAKELAND, FL 33813	Mailing Address 1108 COCKLIN STREET MECHANICSBURG, PA 17055	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GLOTFELTY, EDWARD N 2647 VERANDAH VUE DRIVE LAKELAND, FL 33813		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000769386 07/18/07-80005-001 61.25
TITLE	D	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	GLOTFELTY, JOHN W	
STREET ADDRESS	2233 NOTTINGHAM RD.	
CITY - ST - ZIP	LAKELAND, FL 338033523	
TITLE	D	
NAME	GLOTFELTY, EDWARD N	
STREET ADDRESS	1108 COCKLIN STREET	<b>DO NOT WRITE IN THIS SPACE</b>
CITY - ST - ZIP	MECHANICSBURG, PA 17055	
TITLE	D	
NAME	GLOTFELTY, BONNIE	
STREET ADDRESS	2233 NOTTINGHAM RD.	
CITY - ST - ZIP	LAKELAND, FL 338033523	
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		<b>DO NOT WRITE IN THIS SPACE</b>
CITY - ST - ZIP		
TITLE		
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:  Edward N. Glotfelty		7-10-07 7177033820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #