

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001326

**Entity Name:** GLEANERS DISPATCH, INC.

**Current Principal Place of Business:**

8207 103RD STREET  
JACKSONVILLE, FL 32210-6553

**Current Mailing Address:**

8207 103RD STREET  
JACKSONVILLE, FL 32210-6553 US

**FEI Number:** 59-3563107

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ZVARA, WILLIAM L  
4810 ARAPAHOE AVE  
JACKSONVILLE, FL 32210 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT / DIRECTOR  
Name            FOUNTAIN, H. DAVID  
Address        8230 APRIL STREET  
City-State-Zip: JACKSONVILLE FL 32244-1104

Title            VICE PRESIDENT / DIRECTOR  
Name            BRASHEARS, FRANK  
Address        1105 CARLOTTA ROAD WEST  
City-State-Zip: JACKSONVILLE FL 32211

Title            SECRETARY / TREASURER  
Name            FOUNTAIN, TERRY L  
Address        8230 APRIL STREET  
City-State-Zip: JACKSONVILLE FL 32244-1104

Title            DIRECTOR  
Name            KELLY, JAMES  
Address        5919 LONG COVE DRIVE  
City-State-Zip: JACKSONVILLE FL 32222

Title            DIRECTOR  
Name            SIZEMORE, SHIRLEY  
Address        5302 MONROE SMITH ROAD  
City-State-Zip: JACKSONVILLE FL 32210

Title            DIRECTOR  
Name            HICKS, TRACY J  
Address        119 WOODTHRUSH LANE  
City-State-Zip: BLOOMINGDALE GA 31302

Title            DIRECTOR  
Name            WALLER, RICK  
Address        7059 RAMONA BLVD  
City-State-Zip: JACKSONVILLE FL 32205

*I hereby 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 all other like empowered.*

**SIGNATURE:** TERRY L FOUNTAIN

**SECRETARY /  
TREASURER**

**02/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date