

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001326

**FILED**  
**Feb 17, 2020**  
**Secretary of State**  
**6499614560CC**

**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 FOUNDER, PRESIDENT, DIRECTOR  
Name FOUNTAIN, H. DAVID  
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 2244 MARCIA COURT  
City-State-Zip: ORANGE PARK FL 32073

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

Title DIRECTOR  
Name SIZEMORE, JOHN  
Address 2244 MARCIA COURT  
City-State-Zip: ORANGE PARK FL 32073

Title DIRECTOR  
Name BASS, ROMEL  
Address 3526 ST NICHOLAS AVENUE  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name OPACHICH, DENISE  
Address 1101 CATHY TRIPP LANE NORTH  
City-State-Zip: JACKSONVILLE FL 32220

Title OFFICER, SECRETARY TREASURER  
Name PINTO, BARBARA MS  
Address 10941 DANCING RABBIT LANE  
City-State-Zip: JACKSONVILLE FL 32210

**Continues on page 2**

*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:** H. DAVID FOUNTAIN

**PRESIDENT**

**02/17/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           NISBETT, DONALD  
Address        6758 CHESTER PARK CIRCLE  
City-State-Zip: JACKSONVILLE FL 32222