

2021 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 FOUNDER, PRESIDENT, DIRECTOR
Name FOUNTAIN, H. DAVID
Address 8230 APRIL STREET
City-State-Zip: JACKSONVILLE FL 32244-1104

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

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

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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: BARBARA PINTO

BOARD SECRETARY

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name FOUNTAIN, TERRI
Address 8230 APRIL STREET
City-State-Zip: JACKSONVILLE FL 32210