

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001326

FILED
Feb 10, 2015
Secretary of State
CC1510532202

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 DIRECTOR, CHAIRMAN OF THE BOARD
Name FOUNTAIN, H. DAVID
Address 8230 APRIL STREET
City-State-Zip: JACKSONVILLE FL 32244-1104

Title 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 VP, 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

**CORPORATE
SECRETARY-TREASURER**

02/10/2015

Electronic Signature of Signing Officer/Director Detail

Date