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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739552

1. Corporation Name
GLADES AREA ASSOCIATION FOR RETARDED CITIZENS, I NC.

Principal Place of Business
4250 N.W. 16TH ST.
BELLE GLADE FL 33430
US

Mailing Address
601 W CANAL ST. N
BELLE GLADE FL 33430

2. Principal Place of Business 21	2a. Mailing Address 26 4250 M.W. 16th St	3. Date Incorporated or Qualifed 07/05/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1760374 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Belle Glade, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33430 Country 30 Palm Bch	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CHAMBLEE, SANDRA
1045 TABIT ROAD
BELLE GLADE FL 33430

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Sandra Chamblee 02/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SINGLETON, GETCHRELL		1.2 NAME	
STREET ADDRESS	224 S.W. 12TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BAUMGARTNER, STEPHEN		2.2 NAME	
STREET ADDRESS	160 HOME PLACE COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS-ROBERTS, DONIA		3.2 NAME	
STREET ADDRESS	147 BACOM POINT RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BARBER, ALTA LEE		4. 2 NAME	
STREET ADDRESS	P.O. BOX 714, 250 S.W. 2ND AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH BAY FL 33493		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen Baumgartner SIGNATURE REQUIRED 02/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #