2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N03000006735

1. Entity Name
CHURCH IN THE GLADES, INC.

Principal Place of Business	Mailing Address
1302 N. 30TH RD HOLLYWOOD, FL 33021	1302 N. 30TH RD HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

04152005 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
38-3686279	Not Applicable

5. Certificate of Status Desired   ☒   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SESSA, DANIEL J
1302 N. 30TH RD
HOLLYWOOD, FL 33021

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	SESSA, DANIEL J
STREET ADDRESS	1302 N. 30TH RD
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	CINNALLI, MARIO A
STREET ADDRESS	4968 SW 32ND TERR
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	D
NAME	SCHAFFER, GREGG
STREET ADDRESS	350 SW 1ST AVE
CITY-ST-ZIP	DANIA BEACH, FL 33004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/05-80071-003 70.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   4/17/05   (954) 967 0557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #