

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 NOV 21 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # N07000010599			
1. Entity Name GLADES YOUTH CONNECTION, INCORPORATED			
Principal Place of Business 17 NW AVENUE B BELLE GLADE, FL 33430		Mailing Address 17 NW AVENUE B BELLE GLADE, FL 33430	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P. O. Box 159</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Belle Glade, Florida</b>	
Zip		Zip <b>33430</b>	
Country		Country <b>USA</b>	
4. FEI Number <b>26-1482491</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARRIOTT, DESMOND G 102 BROOK WOOD AVENUE ROYAL PALM BEACH, FL 33411		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2009, Fee will be \$297.50</b>		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CROSS, TASHA 135 SW 5TH AVENUE SOUTH BAY, FL 33493	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300138181143</b> <b>11/21/08--01036--006 **236.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JACKSON, KENNETH K JR. 103 NW 10TH AVENUE SOUTH BAY, FL 33493	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCHLECHTER, JOHNNY MR. 1995 STATE ROAD 715 BELLE GLADE, FL 33430	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SHIVER, MICHAEL MR. 864 SE FLEMING DRIVE BELLE GLADE, FL 33430	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>REINSTATEMENT</b> <b>2008</b> 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SNOW, JAMES MR. 1148 STILLWELL ROAD BELLE GLADE, FL 33430	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WEEKS, STEVE MR. 1908 SE AVENUE K BELLE GLADE, FL 33430	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		Date: <b>11/19/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Micahel W. Shiver</b>		Daytime Phone #: <b>561-996-2800</b>	