2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010599

FILED Mar 17, 2009 Secretary of State

Entity Name: GLADES YOUTH CONNECTION, INCORPORATED

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
17 NW AV BELLE GL	/ENUE B LADE, FL 3343	0			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 1 BELLE GL	159 _ADE, FL 3343	0			
FEI Number	r: 26-1482491	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
102 BROC	T, DESMOND (DK WOOD AVE ALM BEACH, F	ENUE			
	e named entity s e of Florida.	submits this statement for th	e purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electron	nic Signature of Registered /	Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Fitle: Name: Address: City-St-Zip:	D () CROSS, TASHA 135 SW 5TH AV SOUTH BAY, FL	VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D () JACKSON, KEN 103 NW 10TH A SOUTH BAY, FL	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SCHLECHTER,	Delete JOHNNY MR. DAD 715	Title: Name: Address:	() Change () Addition	
Name: Address: City-St-Zip:	BELLE GLADE,	FL 33430	City-St-Zip:		
Address:	BELLE GLADE,	Delete AEL MR. NG DRIVE		() Change() Addition	
Address: Dity-St-Zip: Fitle: Name: Address:	BELLE GLADE, D () SHIVER, MICHA 864 SE FLEMIN BELLE GLADE,	Delete AEL MR. NG DRIVE , FL 33430 Delete MR. LL ROAD	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL W SHIVER DIR 03/17/2009