

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 16, 2010
Secretary of State

Entity Name: GLADES YOUTH CONNECTION, INCORPORATED

Current Principal Place of Business:

17 NW AVENUE B
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

PO BOX 159
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 26-1482491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIOTT, DESMOND G
102 BROOK WOOD AVENUE
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: CROSS, TASHA
Address: 135 SW 5TH AVENUE
City-St-Zip: SOUTH BAY, FL 33493

Title: D
Name: JACKSON, KENNETH K JR.
Address: 103 NW 10TH AVENUE
City-St-Zip: SOUTH BAY, FL 33493

Title: D
Name: SCHLECHTER, JOHNNY MR.
Address: 1995 STATE ROAD 715
City-St-Zip: BELLE GLADE, FL 33430

Title: D
Name: SHIVER, MICHAEL MR.
Address: 864 SE FLEMING DRIVE
City-St-Zip: BELLE GLADE, FL 33430

Title: D
Name: SNOW, JAMES MR.
Address: 1148 STILLWELL ROAD
City-St-Zip: BELLE GLADE, FL 33430

Title: D
Name: WEEKS, STEVE MR.
Address: 1908 SE AVENUE K
City-St-Zip: BELLE GLADE, FL 33430

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: MICHAEL W SHIVER

TREA

04/16/2010

Electronic Signature of Signing Officer or Director

Date