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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000737 (3)

1. Corporation Name

GLADES COUNTY HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
198 AVENUE J MOORE HAVEN FL 33471	P.O. BOX 806 MOORE HAVEN FL 33471-0806

3. Date Incorporated or Qualified: 02/10/1997

4. FEI Number: 59-2550093 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 198 Avenue "J",	26 P.O. Box 806
22 Suite, Apt. #, etc. N/A	27 Suite, Apt. #, etc. N/A
23 City & State Moore Haven, FL 33471	28 City & State Moore Haven, FL 33471
24 Zip 33471 25 Country Glades	29 Zip 33471 30 Country Glades

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KORINKE, DOUGLAS B 198 AVENUE J MOORE HAVEN FL 33471 OK	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Douglas B. Korinke	1.2 NAME	
STREET ADDRESS	198 Avenue "J"	1.3 STREET ADDRESS	
CITY-ST-ZIP	Moore Haven, FL 33471	1.4 CITY-ST-ZIP	
TITLE D	Treasurer ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	George C. Cordes	2.2 NAME	
STREET ADDRESS	339 West El Paso Avenue	2.3 STREET ADDRESS	
CITY-ST-ZIP	Clewiston, FL 33440	2.4 CITY-ST-ZIP	
TITLE D	Mrs. Jeanette Carlton, ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	1705 Pollywog Drive,	3.2 NAME	
STREET ADDRESS	LaBelle, FL 33935	3.3 STREET ADDRESS	
CITY-ST-ZIP	Vice President	3.4 CITY-ST-ZIP	
TITLE D	Secretary ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Ms Susan Etchey	4.2 NAME	
STREET ADDRESS	11754 Harper Lane NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	Lakeport, FL 33471	4.4 CITY-ST-ZIP	
TITLE D	Mrs. Mary Sams, ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Director → 299 AVENUE "M"	5.2 NAME	
STREET ADDRESS	P.O. Box 1085	5.3 STREET ADDRESS	
CITY-ST-ZIP	Moore Haven, FL 33471	5.4 CITY-ST-ZIP	
TITLE D	MRS. CATHRINE PEEPLES ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	1090 WEST WAYMAN RD.	6.2 NAME	
STREET ADDRESS	MOORE HAVEN, FL. 33471	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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 added above or on an attachment with an address.

SIGNATURE: George C. Cordes JUNE 17, 1998 (941) 946-3818
Douglas B. Korinke April 30, 1998 941-983-9713