

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 27, 2006
Secretary of State**

DOCUMENT# N99000006624

Entity Name: GLADES HEALTH INITIATIVE INC.

Current Principal Place of Business:

136 SOUTH MAIN STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

136 SOUTH MAIN STREET
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 65-0975269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, AUBIN W
505 ROYAL PALM BEACH BLVD
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: SD () Delete
Name: KENDALL, MARY S
Address: P O BOX 594
City-St-Zip: BELLE GLADE, FL 33430

Title: PD () Delete
Name: JOHNSON, JOHNNY
Address: 1411 SW AVE H
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: FOSTER, CORNELIUS
Address: 584 SW 10 STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: CAMPBELL, MAE
Address: PO BOX 815
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: MERCANTANTE, JOHN
Address: 1200 E MAIN STREET
City-St-Zip: PAHOKEE, FL 33476

Title: TD () Delete
Name: WALKER, SHIRLEY
Address: 200 SW 9 STREET
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHNNY JOHNSON

PD

03/27/2006

Electronic Signature of Signing Officer or Director

_____ Date