

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006624

FILED  
Feb 05, 2009  
Secretary of State

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 (X)

**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: CAYSON, ELIZABETH  
Address: 1500 N.W. AVE. L  
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 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: ELIZABETH CAYSON

PD

02/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date