

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006624

FILED  
Jan 08, 2010  
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 ( )**

**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  
Name: KENDALL, MARY S  
Address: P O BOX 594  
City-St-Zip: BELLE GLADE, FL 33430

Title: PD  
Name: CAYSON, ELIZABETH  
Address: 1500 N.W. AVE. L  
City-St-Zip: BELLE GLADE, FL 33430

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

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

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

Title: TD  
Name: WALKER, SHIRLEY  
Address: 200 SW 9 STREET  
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: ELIZABETH CAYSON

PD

01/08/2010

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

\_\_\_\_\_  
Date