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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **709056** **(6)**

1. Corporation Name

GLADES DAY SCHOOL, INC.

Principal Place of Business	Mailing Address
400 N.E. AVENUE L. BELLE GLADE FL 33430	400 N.E. AVENUE L. BELLE GLADE FL 33430

3. Date Incorporated or Qualified: 05/31/1965
3a. Date of Last Report: 02/13/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-1101072 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HERRING, JAMES
808 N.E. 2ND ST.
BELLE GLADE FL 33430

10. Name and Address of New Registered Agent

81 Name: Thomas T. Altman
82 Street Address (P.O. Box Number is Not Acceptable): 1000 N. E. 2nd Street
83
84 City: Belle Glade, FL 85 Zip Code: 33430

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: Thomas T. Altman, Chairman — 1/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	WEEKS, MARTHA LYNN		1.2 NAME	Ed Hamilton	
STREET ADDRESS	MUTT THOMAS RD.		1.3 STREET ADDRESS	901 N. E. 2nd Street	
CITY-ST-ZIP	LAKE HARBOR FL		1.4 CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	DT	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	CARTER, GORDON		2.2 NAME	Lomax Harrelle	
STREET ADDRESS	1014 NE SECOND ST.		2.3 STREET ADDRESS	772 S. E. Fleming Drive	
CITY-ST-ZIP	BELLE GLADE FL		2.4 CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	STEIN, FRITZ III		3.2 NAME	Jim Terrill	
STREET ADDRESS	1625 W. CANAL ST. NO.		3.3 STREET ADDRESS	1045 Palmetto Street	
CITY-ST-ZIP	BELLE GLADE, FL 00000		3.4 CITY-ST-ZIP	Clewiston, FL 33440	
TITLE	D	☐ DELETE	4.1 TITLE	C	☐ Change ☒ Addition
NAME	ALVAREZ, GILBERTO		4.2 NAME	Thomas T. Altman	
STREET ADDRESS	400 NE 2ND ST		4.3 STREET ADDRESS	1000 N. E. 2nd Street	
CITY-ST-ZIP	BELLE GLADE FL		4.4 CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CREWS, GARY		5.2 NAME		
STREET ADDRESS	1004 NE 2ND ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL		5.4 CITY-ST-ZIP		
TITLE	C	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HERRING, JAMES M		6.2 NAME		
STREET ADDRESS	808 N.E. 2ND ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE, FL 00000		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. ✓ I do 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 on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED — 1/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0078825