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Feb 26 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 # 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

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

2. Principal Place of Business	2a. Mailing Address
21 Glades Day School, Inc.	26 400 Gator Blvd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Belle Glade, FL	28 Belle Glade, FL
24 Zip 33430 / 25 Country Palm Beach	29 Zip 33430 / 30 Country Palm Beach

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

ALTAM, THOMAS T.
1000 NE 2ND STREET
BELLE GLADE FL 33430

10. Name and Address of New Registered Agent

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	SD	☒ DELETE	1.1 TITLE	C	☐ Change ☒ Addition
NAME	WEEKS, MARTHA LYNN		1.2 NAME	Thomas T. Altman	
STREET ADDRESS	MUTT THOMAS RD.		1.3 STREET ADDRESS	1000 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/S	☐ Change ☒ Addition
NAME	CARTER, GORDON		2.2 NAME	Jim Terrill	
STREET ADDRESS	1014 NE SECOND ST.		2.3 STREET ADDRESS	1045 Palmetto Street	
CITY-ST-ZIP	BELLE GLADE FL		2.4 CITY-ST-ZIP	Clewiston, FL 33440	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	STEIN, FRITZ III		3.2 NAME	Mike Schlechter	
STREET ADDRESS	1625 W. CANAL ST. NO.		3.3 STREET ADDRESS	627 Squire Drive	
CITY-ST-ZIP	BELLE GLADE, FL 00000		3.4 CITY-ST-ZIP	Wellington, FL 33414	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	ALVAREZ, GILBERTO		4.2 NAME	Mitchell Dobrow	
STREET ADDRESS	400 NE 2ND ST		4.3 STREET ADDRESS	233 Royal Palm Beach Way	
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	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HAMILTON		6.2 NAME		
STREET ADDRESS	901 NE 22ND ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE, FL 00000		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 on an attachment with an address.

SIGNATURE: Thomas T. Altman 2/19/98 561-996-0404