## 2004 NOT-FOR-PROFIT CORPORATION -ANNUAL REPORT

## Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # 709056** 04-29-2004 90218 029 \*\*\*\*61.25 GLADES DAY SCHOOL, INC. Principal Place of Business Mailing Address **34070372** GLADES DAY SCHOOL, INC. GLADES DAY SCHOOL, INC. 400 GATOR BLVD 400 GATOR BLVD BELLE GLADE, FL 33430 US US BELLE GLADE, FL 33430 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152004 Chg-NP CR2E037 (10/03) City & State City & State 4. FE! Number Applied For 59-1101072 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mike Schlechter EDWARDS, EARKE E Street Address (P.O. Box Number is Not Acceptable) 627 Squire Drive 325 EAST DEL MONTE CLEWISTON, FL 33440 Zip Code 33414 Wellington 8. 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. I am familiar with, and accept the obligations of registered agent Mike Schlechter, 4/23/04 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. SD ☐ Delete TITLE ☐ Addition TITLE MOSS, LYNDA NAME NAME 2827 BACOM POINT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PAHOKEE, FL 33476 XX Change Addition TD TITLE TITLE XX Delete Timothy-Stein NAME HERRING, DAN NAME P. O. Box 1092, 250 Royal Palm Way STREET ADDRESS STREET ADDRESS 1009 NE 1ST STREET Belle Glade, FL 33430 CITY-ST-ZIP CITY-ST-ZIP BELLE GLADE, FL 33430 T/D XX Change ☐ Addition XX Delete TITLE TITLE STEIN FRITZ III NAMÉ Brian Lohmann NAME STREET ADDRESS STREET ADDRESS 1625 W. CANAL ST. NO. 1109 N. E. 2nd Street CITY-ST-ZIP CITY-ST-ZIP BELLE GLADE, FL Belle Glade, FL 33430 Change ☐ Addition ☐ Delete TITLE TITLE EDWARDS, EARLE E "CHIP" NAME NAME STREET ADDRESS STREET ADDRESS 325 EAST DELMONTE CITY-ST-ZIP CLEWISTON, FL 33430 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MCKINSTRY, JOHN E NAME STREET ADDRESS 4060 ROYAL PALM BEACH BLVD. STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP ☐ Addition **XX**Delete TITLE Cheryl Burns NAME BAEZ JR. ISRAEL NAME 1001 N. E. 3rd Street STREET ADDRESS 1343 WEDGWORTH ROAD STREET ADDRESS Belle Glade, FL 33430 CITY - ST - ZIP CiTY-ST-ZIP BELLE GLADE, FL 33430

**FILED** 

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: This	allette	Mike	Schlechter	4/23/04	
SIGNATUR	RE AND TYPED OR PRINTED NAME OF SIGNING OF	FICER OR DIRECTOR		Date	Daytime Phone #

Affachment

## Additions

Title:

Name:

Röbert Coker

Address: 108 Ridgewood Ave.

City-ST-Zip: Clewiston, FL 33440

Title:

Name:

Paul Orsenigo

Address: 709 N. E. 3rd Street City-ST-Zip: Belle Glade, FL 33430

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