

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90002 007 ****70.00

DOCUMENT # 709056

1. Entity Name
GLADES DAY SCHOOL, INC.



Principal Place of Business
GLADES DAY SCHOOL, INC.
400 GATOR BLVD
BELLE GLADE, FL 33430 US

Mailing Address
GLADES DAY SCHOOL, INC.
400 GATOR BLVD
BELLE GLADE, FL 33430 US

50061294



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08012005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1101072

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

SCHLECHTER, MIKE
627 SQUIRE DRIVE
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Mike Schlechter

Mike Schlechter, Chairman

8/2/2005

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **MOSS, LYNDA**
STREET ADDRESS **2827 BACOM POINT ROAD**
CITY-ST-ZIP **PAHOKEE, FL 33476**

TITLE **D** ☐ Delete
NAME **STEIN, TIMOTHY**
STREET ADDRESS **P.O. BOX 1092, 250 ROYAL PALM WAY**
CITY-ST-ZIP **BELLE GLADE, FL 33430**

TITLE **TD** ☐ Delete
NAME **LOHMANN, BRIAN**
STREET ADDRESS **1109 N.E. 2ND STREET**
CITY-ST-ZIP **BELLE GLADE, FL 33430**

TITLE **C** ☐ Delete
NAME **EDWARDS, EARLE E "CHIP"**
STREET ADDRESS **325 EAST DELMONTE**
CITY-ST-ZIP **CLEWISTON, FL 33430**

TITLE **D** ☐ Delete
NAME **MCKINSTRY, JOHN E**
STREET ADDRESS **4060 ROYAL PALM BEACH BLVD.**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **D** ☐ Delete
NAME **BURNS, CHERYL**
STREET ADDRESS **1001 N.E. 3RD STREET**
CITY-ST-ZIP **BELLE GLADE, FL 33430**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mike Schlechter

Mike Schlechter, Chairman

8/2/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
50061294

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ANNUAL REPORT

Document #709056

Glades Day School, Inc.
400 Garot Blvd.
Belle Glade, FL 33430

Additional Officers and Directors

Title: D
Name: Robert Coker
Address: 111 Ponce Deléon Ave.
City-ST-Zip: Clewiston, FL 33440

Title: D
Name: Paul Orsenigo
Address: P. O. Box 130
City-ST-Zip: Belle Glade, FL 33430