2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709056

FILED Jun 01, 2007 Secretary of State

Entity Name: GLADES DAY SCHOOL, INC.

Current Principal Place of Business: New Principal Place of Business: GLADES DAY SCHOOL, INC. 400 GATOR BLVD BELLE GLADE, FL 33430 **New Mailing Address: Current Mailing Address:** GLADES DAY SCHOOL, INC. 400 GATOR BLVD BELLE GLADE, FL 33430 FEI Number: 59-1101072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHLECHTER, MIKE 627 SQUIRE DRIVE WELLINGTON, FL 33414 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MOSS, LYNDA HILLARD, CHELSA Name: Name: 2827 BACOM POINT ROAD Address: 5600 WEST U.S. HWY. 27 Address: City-St-Zip: PAHOKEE, FL 33476 City-St-Zip: CLEWISTON, FL 33440 Title: () Delete Title: () Change () Addition STEIN, TIMOTHY Name: Name: Address: P.O. BOX 1092, 250 ROYAL PALM WAY Address: City-St-Zip: BELLE GLADE, FL 33430 City-St-Zip: Title: () Delete Title: () Change () Addition LOHMANN, BRIAN Name: Name: 1109 N.E. 2ND STREET Address: Address: City-St-Zip: BELLE GLADE, FL 33430 City-St-Zip: Title: () Delete Title: () Change () Addition Name: EDWARDS, EARLE E Name: Address: 325 EAST DELMONTE Address: City-St-Zip: CLEWISTON, FL 33430 City-St-Zip: Title: () Delete Title: () Change () Addition MCKINSTRY, JOHN E Name: Name: 4060 ROYAL PALM BEACH BLVD. Address: Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: Title: () Delete Title: (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

JEFF. BROWNING

14623 HALTER ROAD WELLINGTON, FL 33414

SIGNATURE: MIKE SCHLECHTER CD 06/01/2007

BURNS, CHERYL

1001 N.E. 3RD STREET

BELLE GLADE, FL 33430

Name:

Address:

City-St-Zip: