

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709056

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: GLADES DAY SCHOOL, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-1101072      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHLECHTER, MIKE  
627 SQUIRE DRIVE  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

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:

Title: SD ( ) Delete  
Name: HILLARD, CHELSA  
Address: 5600 WEST U.S. HWY. 27  
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete  
Name: STEIN, TIMOTHY  
Address: P.O. BOX 1092, 250 ROYAL PALM WAY  
City-St-Zip: BELLE GLADE, FL 33430

Title: TD ( ) Delete  
Name: LOHMANN, BRIAN  
Address: 1109 N.E. 2ND STREET  
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete  
Name: EDWARDS, EARLE E  
Address: 325 EAST DELMONTE  
City-St-Zip: CLEWISTON, FL 33430

Title: D ( ) Delete  
Name: MCKINSTRY, JOHN E  
Address: 4060 ROYAL PALM BEACH BLVD.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete  
Name: JEFF, BROWNING  
Address: 14623 HALTER ROAD  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JAMES C. TEETS

MR.

01/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date