2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 709056

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 (X)**

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:	S	(X) Change ( ) Addition
Name:	HILLARD, CHELSA	
Address:	5600 WEST U.S. HWY. 27	
City-St-Zip:	CLEWISTON, FL 33440	
Title:	T	(X) Change ( ) Addition
Name:	STEIN, TIMOTHY	
Address:	P.O. BOX 1092, 250 ROYAL PALM WAY	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	VP	(X) Change ( ) Addition
Name:	LOHMANN, BRIAN	
Address:	1109 N.E. 2ND STREET	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	P	(X) Change ( ) Addition
Name:	MICHAEL, SCHLECHTER	
Address:	627 SQUIRE DRIVE	
City-St-Zip:	WELLINGTON, FL 33414	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	CLAUDIA, PERKINS	
Address:	17 NORTHEAST AVENUE E	
City-St-Zip:	BELLE GLADE, FL 33430	

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: CYNDI KING BM 03/19/2009

Electronic Signature of Signing Officer or Director — Date