

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709056

FILED  
Apr 08, 2011  
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 (X)**

**Name and Address of Current Registered Agent:**

LOHMANN, BRIAN R MR.  
1109 N.E. 2ND STREET  
BELLE GLADE, FL 33430 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:** S  
**Name:** HILLARD, CHELSA  
**Address:** 5600 WEST U.S. HWY. 27  
**City-St-Zip:** CLEWISTON, FL 33440

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

**Title:** P  
**Name:** LOHMANN, BRIAN  
**Address:** 1109 N.E. 2ND STREET  
**City-St-Zip:** BELLE GLADE, FL 33430

**Title:** D  
**Name:** MICHAEL, SCHLECHTER  
**Address:** 627 SQUIRE DRIVE  
**City-St-Zip:** WELLINGTON, FL 33414

**Title:** D  
**Name:** MCDUFFIE, KEN  
**Address:** 105 W DEL MONTE  
**City-St-Zip:** CLEWISTON, FL 33440

**Title:** VP  
**Name:** CLAUDIA, PERKINS  
**Address:** 17 NORTHEAST AVENUE E  
**City-St-Zip:** BELLE GLADE, FL 33430

I hereby 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 all other like empowered.

**SIGNATURE:** BRIAN R LOHMANN

P

04/08/2011

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

\_\_\_\_\_  
Date