

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739552

FILED
Feb 14, 2007
Secretary of State

Entity Name: GLADES AREA ASSOCIATION FOR RETARDED CITIZENS, INC.

Current Principal Place of Business:

4250 N.W. 16TH ST.
BELLE GLADE, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

4250 N.W. 16TH ST.
BELLE GLADE, FL 33430 US

New Mailing Address:

FEI Number: 59-1760374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHAMBLEE, SANDRA
1045 TABIT ROAD
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

CHAMBLEE, SANDRA MRS
1045 TABIT ROAD
BELLE GLADE, FL 33430 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: SANDRA CHAMBLEE

02/14/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCVEY, BARBARA
Address: P.O. BOX 325
City-St-Zip: CANAL POINT, FL 33438

Title: VD () Delete
Name: JOHNSON, EVELYN
Address: P.O. BOX 2782
City-St-Zip: BELLE GLADE, FL 33430

Title: SD () Delete
Name: SINGLETON, GETCHRELL
Address: 224 S.W. 12TH STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: TD () Delete
Name: BARBER, ALTA LEE
Address: P.O. BOX 714
City-St-Zip: SOUTH BAY, FL 33493

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA MCVEY

MRS.

02/14/2007

Electronic Signature of Signing Officer or Director

Date