

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739552

FILED  
Feb 04, 2008  
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 ( )**

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

CHAMBLEE, SANDRA MRS  
1045 TABIT ROAD  
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: 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: SD (X) Change ( ) Addition  
Name: STAMBAUGH, INGE  
Address: P.O. BOX 1388  
City-St-Zip: BELLE GLADE, FL 33430

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: BARBARA MCVEY

PD

02/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date