

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739552

FILED
Feb 16, 2010
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 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
Name: JOHNSON, EVELYN
Address: P.O. BOX 2782
City-St-Zip: BELLE GLADE, FL 33430

Title: VD
Name: CHAMBLEE, SANDRA
Address: 1045 TABIT ROAD
City-St-Zip: BELLE GLADE, FL 33430

Title: SD
Name: JIMMERSON, BOBBY
Address: 1433 N.W. AVENUE G
City-St-Zip: BELLE GLADE, FL 33430

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

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: EVELYN JOHNSON

PRES

02/16/2010

Electronic Signature of Signing Officer or Director

Date