

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 765838**

1. Entity Name

**GLADES JEWISH COMMUNITY CENTER**



Principal Place of Business

**149 SE AVENUE  
SUITE D  
BELLE GLADE FL 33430  
US**

Mailing Address

**2885 DUQUESNE CIR  
WEST PALM BCH FL 33409  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

**05-0053202**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAGLER, ARTHUR B.  
2885 DUQUESNE CIRCLE  
WEST PALM BCH FL 33409**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME NAGLER, ARTHUR B.  
STREET ADDRESS 2885 DUQUESNE CIRCLE  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**U00000665602  
03/23/07-80034-017 61.25**

TITLE VD ☐ Delete  
NAME ARONS, EDWARD  
STREET ADDRESS 228 ANNONA AVENUE  
CITY-ST-ZIP PAHOKEE FL 33476

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**U00000665602  
03/23/07-80034-018 8.75**

TITLE T ☐ Delete  
NAME ARONS, RAQUEL  
STREET ADDRESS 228 ANNONA AVENUE  
CITY-ST-ZIP PAHOKEE FL 33476

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME NAGLER, NOLA  
STREET ADDRESS 2885 DUQUESNE CIRCLE  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MULBERG, NISHA  
STREET ADDRESS 609-717 US HIGHWAY #1 SOUTH  
CITY-ST-ZIP JUPITER FL 33437

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ARTHUR B. NAGLER** *Arthur B. Nagler* **2/2/07** **5614710612**