

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005281

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** GLADES ACADEMY OF AGRICULTURAL & ECOLOGICAL STUDIES, INC.

**Current Principal Place of Business:**

1200 EAST MAIN STREET  
PAHOKEE, FL 33476

**New Principal Place of Business:**

**Current Mailing Address:**

626 NORTH DIXIE HIGHWAY  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 65-1032601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MILLIGAN, ALPHONSO S  
SUITE 6, 25E METROCRATRE BLVD.  
WEST PALM BEACH, FL 33407 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: D ( ) Delete  
Name: FANJUL, EMILIA  
Address: 105 JUNGLE ROAD  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: BORELL, ALEXANDER  
Address: 224 DAYTURA STREET  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: RUSSELL, ANTOINE  
Address: 234 N W 10TH STREET  
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete  
Name: RIVIERA, GUILLERMO  
Address: 7450 SR 15  
City-St-Zip: PAHOKEE, FL 33476

Title: D ( ) Delete  
Name: MERICANTANTE, JOHN  
Address: 1200 EAST MAIN ST.  
City-St-Zip: PAHOKEE, FL 33476

Title: D ( ) Delete  
Name: TODD, FLORA  
Address: 174 BACOM POINT ROAD  
City-St-Zip: PAHOKEE, FL 33476

**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:

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: EMILIA FANJUL

DIRE

04/25/2006

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

\_\_\_\_\_  
Date