

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005281

FILED
Mar 17, 2009
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:

1200 EAST MAIN STREET
PAHOKEE, FL 33476

FEI Number: 65-1032601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BORELL, ALEX E ESQ
2889 10 AVE N STE 302
LAKE WORTH, FL 33461 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: MERICANTANTE, JOHN
Address: 1200 E. MAIN STREET
City-St-Zip: PAHOKEE, FL 33476

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

Title: D () Delete
Name: POOLE, MICHELE
Address: 4200 STATE ROAD 7
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: DAVES, DARDEN
Address: 610 CLEMATIS STREET, SUITE 214
City-St-Zip: WEST PALM BEACH, FL 33401

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
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Title: () Change () Addition
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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 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

D

03/17/2009

Electronic Signature of Signing Officer or Director

Date