

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003586

FILED
Apr 15, 2009
Secretary of State

Entity Name: GLADES CORRECTIONAL DEVELOPMENT CORPORATION

Current Principal Place of Business:

1995 E STATE ROAD 78 NW
% SHERIFF'S OFFICE
MOORE HAVEN, FL 33471

New Principal Place of Business:

1297 E STATE ROAD 78
SHERIFF'S OFFICE
MOORE HAVEN, FL 33471

Current Mailing Address:

1995 E STATE ROAD 78 NW
% SHERIFF'S OFFICE
MOORE HAVEN, FL 33471

New Mailing Address:

1297 E STATE ROAD 78
SHERIFF'S OFFICE
MOORE HAVEN, FL 33471

FEI Number: 03-0479709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEMANN, ROBERT J
1995 E STATE ROAD 78 NW
MOORE HAVEN, FL 33471 US

Name and Address of New Registered Agent:

DEMANN, ROBERT J
1297 E STATE ROAD 78
MOORE HAVEN, FL 33471 US

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: _____

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WARD, ALVIN
Address: 1995 E STATE ROAD 78 NW
City-St-Zip: MOORE HAVEN, FL 33471

Title: V () Delete
Name: FLANAGAN, BOBBY
Address: 1995 E STATE ROAD 78 NW
City-St-Zip: MOORE HAVEN, FL 33471

Title: S/T () Delete
Name: SHIRLEY, JUANITA M
Address: 1995 E STATE ROAD 78 NW
City-St-Zip: MOORE HAVEN, FL 33471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WARD, ALVIN
Address: 1297 E STATE ROAD 78
City-St-Zip: MOORE HAVEN, FL 33471

Title: V (X) Change () Addition
Name: FLANAGAN, BOBBY
Address: 1297 E STATE ROAD 78
City-St-Zip: MOORE HAVEN, FL 33471

Title: S/T (X) Change () Addition
Name: SHIRLEY, JUANITA M
Address: 1297 E STATE ROAD 78
City-St-Zip: MOORE HAVEN, FL 33471

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: ALVIN WARD

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date