### 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # N02000004423** THE GLADES INITIATIVE INC. Principal Place of Business Malling Address 406 MARTIN LUTHER KING BLVD. 406 MARTIN LUTHER KING BLVD. SUITE 103 SUITE 103 BELLE GLADE, FL 33430 BELLE GLADE, FL 33430 01032005 No Chg-NP DO NOT WRITE IN THIS SPACE 01-0733180 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent STEPHENSON, ANDREA D 406 MARTIN LUTHER KING BLVD. BELLE GLADE, FL 33430 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 lamiliar with, and accept the obligations of registered agent. Signature, typed or privised name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Due by May 1, 2005 10. OFFICERS AND DIRECTORS ITILE AMATO, JOE STREET ADDRESS 408 SE MARTIN LUTHER KING CITY-ST-7P BELLE GLADE, FL 33430 BROADBENT, DAVID NUME STREET ADDRESS P.O. BOX 354 CITY-ST-ZIP CANAL POINT, FL 33438

# FILED Feb 17, 2005 8:00 am Secretary of State

01-18-2005 90044 028 \*\*\*\*70.00

66002176

CR2E037 (10/03) Applied For Not Applicable \$8.75 Additional DO NOT WRITE IN THIS SPACE DATE DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this flang does not qualify for the examption stated in Section 119.07(3)(i), 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 ceth; that I am an officer or director of the corporation or the receiver or busted 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 attagrangly with an other like empowered.

SIGNATURE

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STREET ADDRESS

STREET ADORESS

STREET ADDRESS

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TILE HALE

CITY-ST-ZIP

DT

FRANKE, HELEN

1500A NW AVE L

P O BOX 881

1977 COLLEGE DR

BELLE GLADE, FL 33430

CAYSON: ELIZABETH

BELLE GLADE, FL 33430 FERGUSON, MOLLY

SOUTH BAY, FL 33493

401 SE 2ND STREET

MOORE-WILLIAMS, AUTRIE

BELLE GLADE, FL 33430

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

## DOCUMENT # N02000004423

THE GLADES INITIATIVE INC.



Principal Place of Business

406 MARTIN LUTHER KING BLVD.

**SUITE 103** 

BELLE GLADE, FL 33430

Mailing Address

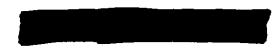
406 MARTIN LUTHER KING BLVD.

SUITE 103

BELLE GLADE, FL 33430



66002176



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02102005 No Chg-NP

CR2E037 (10/03)

4. FE! Number 01-0733180

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHENSON, ANDREA D 406 MARTIN LUTHER KING BLVD. #103

BELLE GLADE, FL 33430

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IN T	THIS	SPACE	:

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)

Filing Fee is \$61.25 Due by May 1, 2005

BELLE GLADE, FL 33430

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE DΡ NAME AMATO, JOE STREET ADDRESS 408 SE MARTIN LUTHER KING CITY-ST-ZIP BELLE GLADE, FL 33430 nne ΠV BROADBENT, DAVID STREET ADDRESS P.O. BOX 354 CITY-ST-ZIP CANAL POINT, FL 33438 TITLE DT NAME FRANKE, HELEN STREET ADDRESS 1977 COLLEGE DR CITY-ST-ZIP BELLE GLADE, FL 33430 TITLE CAYSON, ELIZABETH STREET ADDRESS 1500A NW AVE L CITY-ST-7IP BELLE GLADE, FL 33430 TITLE NAME FERGUSON, MOLLY STREET ADDRESS P O BOX 881 CITY-ST-ZIP SOUTH BAY, FL 33493 TITLE NAME MOORE-WILLIAMS, AUTRIE STREET ADDRESS 401 SE 2ND STREET

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CITY-ST-7IP