2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State
01-18-2005 90044 028 ****70.00

DOCUMENT # N02000004423

1. Entity Name
THE GLADES INITIATIVE INC.

Principal Place of Business	Mailing Address
406 MARTIN LUTHER KING BLVD. SUITE 103 BELLE GLADE, FL 33430	406 MARTIN LUTHER KING BLVD. SUITE 103 BELLE GLADE, FL 33430

66002176

01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI 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

DO NOT WRITE IN 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 _____ DATE
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	AMATO, JOE
STREET ADDRESS	408 SE MARTIN LUTHER KING
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	DV
NAME	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	DS
NAME	CAYSON, ELIZABETH
STREET ADDRESS	1500A NW AVE L
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	D
NAME	FERGUSON, MOLLY
STREET ADDRESS	P O BOX 881
CITY-ST-ZIP	SOUTH BAY, FL 33493
TITLE	D
NAME	MOORE-WILLIAMS, AUTRIE
STREET ADDRESS	401 SE 2ND STREET
CITY-ST-ZIP	BELLE GLADE, FL 33430

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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: Andrea Stephenson 1.11.05 561.996.3310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ATTACHMENT

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SIGNATURE: Joseph Amato, JOSEPH AMATO, PRESIDENT 2/10/05 561-992-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #