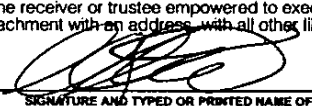


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90073 007 ****70.00

DOCUMENT # N02000004423 1. Entity Name 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0733180	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STEPHENSON, ANDREA D 406 MARTIN LUTHER KING BLVD. #103 BELLE GLADE, FL 33430				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AMATO, JOE 408 SE MARTIN LUTHER KING BELLE GLADE, FL 33430 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROADBENT, DAVID P.O. BOX 354 CANAL POINT, FL 33438 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Broadbent, David P.O. Box 354 Canal Point, FL 33438 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRANKE, HELEN 1977 COLLEGE DR BELLE GLADE, FL 33430 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Boyd, Carol 136 S. Main Street Belle Glade, FL 33430 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAYSON, ELIZABETH 1500A NW AVE L BELLE GLADE, FL 33430 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Cayson, Elizabeth 1500B NW Ave. L Belle Glade, FL 33430 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, MOLLY P O BOX 881 SOUTH BAY, FL 33493 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Causey, Yvette 1600 N. Australian Avenue West Palm Beach, FL 33407 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE-WILLIAMS, AUTRIE 401 SE 2ND STREET BELLE GLADE, FL 33430 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 D. Stephenson 01-13-06 561.996.3310 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					