2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State
01-30-2006 90073 007 ****70.00

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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

01062006 Chg-NP CR2E037 (11/05)

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 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEPHENSON, ANDREA D 406 MARTIN LUTHER KING BLVD. #103 BELLE GLADE, FL 33430	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 _____ 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, 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 Coursey, 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 #