

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004423

FILED
Jun 22, 2009
Secretary of State

Entity Name: THE GLADES INITIATIVE INC.

Current Principal Place of Business:

141 SE AVE. C
BELLE GLADE, FL 33417

New Principal Place of Business:

141 SE AVE. C
BELLE GLADE, FL 33430

Current Mailing Address:

141 SE AVE. C
BELLE GLADE, FL 33417

New Mailing Address:

141 SE AVE. C
BELLE GLADE, FL 33430

FEI Number: 01-0733180 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STEPHENSON, ANDREA D
141 SE AVENUE C
BELLE GLADE, FL 33417 US

Name and Address of New Registered Agent:

ENGLE, KARIS
141 SE AVENUE C
BELLE GLADE, FL 33430 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: KARIS J. ENGLE

06/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: BROADBENT, DAVID
Address: P.O. BOX 354
City-St-Zip: CANAL POINT, FL 33438

Title: DP () Delete
Name: CHAMBLEE, SANDRA
Address: 136 S MAIN ST
City-St-Zip: BELLE GLADE, FL 33430

Title: DVP () Delete
Name: JULIA, HALE
Address: 465 LAKE FRIENDS TERRACE
City-St-Zip: PAHOKEE, FL 33476

Title: DS () Delete
Name: COURSEY, YVETTE
Address: 1600 N AUSTRALIAN AVE
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: JULIA, HALE
Address: 465 LAKE FRIENDS TERRACE
City-St-Zip: PAHOKEE, FL 33476

Title: DVP (X) Change () Addition
Name: THOMAS, ROBERTS
Address: 601 COVENANT DR.
City-St-Zip: BELLE GLADE, FL 33430

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: KARIS J. ENGLE

ED

06/22/2009

Electronic Signature of Signing Officer or Director

Date