

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000794

FILED  
Jan 15, 2008  
Secretary of State

**Entity Name:** GLADES HOUSING NOT-FOR-PROFIT CORPORATION

**Current Principal Place of Business:**

1417 NW AVENUE L  
SUITE 5  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

1417 NW AVENUE L  
SUITE 5  
BELLE GLADE, FL 33430

**New Mailing Address:**

**FEI Number:** 20-0684520

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHMIDT, PAMELA K  
1417 NW AVENUE L  
SUITE 5  
BELLE GLADE, FL 33430 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HARRIS, JEROME  
Address: 179 SE 3RD STREET, #205  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: DS ( ) Delete  
Name: SCHMIDT, PAMELA K  
Address: 149 ALCAZAR ST  
City-St-Zip: ROYAL PALM BCH, FL 33411

Title: DT ( ) Delete  
Name: KERCHEVILLE, BRENT  
Address: 127 SANTA MONICA AVE  
City-St-Zip: ROYAL PALM BCH, FL 33411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: PAMELA K SCHMIDT

DS

01/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date