

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000010599

1. Entity Name  
GLADES YOUTH CONNECTION, INCORPORATED



Principal Place of Business  
17 NW AVENUE B  
BELLE GLADE, FL 33430

Mailing Address  
17 NW AVENUE B  
BELLE GLADE, FL 33430

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P. O. Box 159

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Belle Glade, Florida

Zip

Country

Zip

Country

33430

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIOTT, DESMOND G  
102 BROOK WOOD AVENUE  
ROYAL PALM BEACH, FL 33411

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)

DATE

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2009, Fee will be \$297.50**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CROSS, TASHA  
STREET ADDRESS 135 SW 5TH AVENUE  
CITY-ST-ZIP SOUTH BAY, FL 33493

TITLE D ☐ Delete  
NAME JACKSON, KENNETH K JR.  
STREET ADDRESS 103 NW 10TH AVENUE  
CITY-ST-ZIP SOUTH BAY, FL 33493

TITLE D ☐ Delete  
NAME SCHLECHTER, JOHNNY MR.  
STREET ADDRESS 1995 STATE ROAD 715  
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE D ☐ Delete  
NAME SHIVER, MICHAEL MR.  
STREET ADDRESS 864 SE FLEMING DRIVE  
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE D ☐ Delete  
NAME SNOW, JAMES MR.  
STREET ADDRESS 1148 STILLWELL ROAD  
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE D ☐ Delete  
NAME WEEKS, STEVE MR.  
STREET ADDRESS 1908 SE AVENUE K  
CITY-ST-ZIP BELLE GLADE, FL 33430

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300138181143  
CITY-ST-ZIP 11/21/08--01036--006 \*\*236.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

REINSTATEMENT  
2008

☐ Change ☐ Addition

☐ 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:

*Michael W. Shiver*

Michael W. Shiver

11/19/08

561-996-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2008 NOV 21 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11192008 REIN-NP CR2E099 (1/07)

4. FEI Number

Applied For

Not Applicable

26-1482491

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required