

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000122

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** G.L.A.M. ADMINISTRATIVE & SOCIAL SERVICES DIVISION, INC.

**Current Principal Place of Business:**

6205 N UNIVERSITY DRIVE  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

6205 N UNIVERSITY DRIVE  
TAMARAC, FL 33321

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

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

REYNOLDS, KEITH  
10811 NW 34TH PLACE  
CORAL SPRINGS, FL 33065 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: REYNOLDS, KEITH  
Address: 10811 NW 34TH PLACE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D  
Name: REYNOLDS, DELROSE  
Address: 10811 NW 34TH PLACE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D  
Name: DUNBAR, ALICIA  
Address: 6121 NW GINGER LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: ALICIA DUNBAR

D

05/01/2010

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

\_\_\_\_\_  
Date