

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N12000008729

**FILED**  
**Apr 11, 2014**  
**Secretary of State**

**Entity Name:** IT TAKES A VILLAGE OF THE GLADES INCORPORATED

**Current Principal Place of Business:**

704 ORCHARD PARK DRIVE  
CLEWISTON, FL 33440

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 580  
CLEWISTON, FL 33440

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEELE, MICHAEL  
704 ORCHARD PARK DRIVE  
CLEWISTON, FL 33440 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: MICHAEL STEELE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STEELE, MICHAEL  
Address: 704 ORCHARD PARK  
City-St-Zip: CLEWISTON, FL 33440

Title: VP  
Name: THOMAS, LATEESHA  
Address: 614 ORCHARD PARK  
City-St-Zip: CLEWISTON, FL 33440

Title: S  
Name: TAYLOR, JANET  
Address: 1018 LOUISIANA AVENUE  
City-St-Zip: CLEWISTON, FL 33440

Title: T  
Name: LEE, JANET  
Address: 1129 KENTUCKY AVENUE  
City-St-Zip: CLEWISTON, FL 33440

Title: BOM  
Name: WARREN, JR., EDDIE  
Address: 1134 FLORIDA AVENUE  
City-St-Zip: CLEWISTON, FL 33440

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: MICHAEL STEELE

P

04/11/2014

Electronic Signature of Signing Officer or Director

Date