2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N20548

1. Entity Name
GLADES DIAMOND, INC.

Principal Place of Business	Mailing Address
601 COVENANT DR. BELLE GLADE, FL 33430-5728	601 COVENANT DR. BELLE GLADE, FL 33430-5728

01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2810382
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, ROBERT ESQ
685 ROYAL PALM BCH BLVD STE 205
ROYAL PALM BCH, FL 33411

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCLENDON, EDNA
STREET ADDRESS	140 SANTA MONICA AVENUE
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	VPD
NAME	LOCKETT, PAULINE
STREET ADDRESS	700 S.W. 8TH STREET
CITY-ST-ZIP	BELLE GLADE, FL
TITLE	VTD
NAME	HARRISON, NORMAN
STREET ADDRESS	324 EAST CANAL STREET S APT # 7
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	TD
NAME	JACKSON, LAURA
STREET ADDRESS	440 WEST 30TH STREET
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	D
NAME	SMITH, NANCY
STREET ADDRESS	1740 SOUTHEAST AVENUE K
CITY-ST-ZIP	BELLE GLADE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/05-80059-011 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ JANUARY 13, 2005 (561) 996-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EDNA D. MCCLENDON, PRESIDENT