


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N43958	
1. Entity Name THE GLADES HISTORICAL SOCIETY, INC.	

Principal Place of Business 530 SOUTH MAIN STREET BELLE GLADE, FL 33430 US	Mailing Address 101 S.E. 7TH STREET NORTH BELLE GLADE, FL 33430 US
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01312007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1690097	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ORSENIGO, JOSEPH R DR. 101 S.E. 7TH STREET NORTH BELLE GLADE, FL 33430

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORSENIGO, JOSEPH R DR 101 S.E. 7TH STREET NORTH BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IRVIN, RUTH S 901 N.W. 1ST STREET BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWAGER, GLORIA 301 S.E. 7TH STREET NORTH BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, STEWART 1625 WEDGEWORTH ROAD BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/22/07-80020-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Joseph R Orsenigo JOSEPH R ORSENIGO / 03 FEB 07 996-5156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #