

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90006 027 ****61.25



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**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

1st MOORE CR2E037 (10/07)
4. FEI Number: **59-1690097**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

I, 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 and street when re-appointing) DATE: _____

**FILE NOW! FEE IS \$61.25
Due By May 1, 2008**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: ORSENIGO, JOSEPH R DR STREET ADDRESS: 101 S.E. 7TH STREET NORTH CITY-ST-ZIP: BELLE GLADE FL 33430	<input type="checkbox"/> Delete
TITLE: SD NAME: IRVIN, RUTH S STREET ADDRESS: 901 N.W. 1ST STREET CITY-ST-ZIP: BELLE GLADE FL 33430	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: SWAGER, GLORIA STREET ADDRESS: 301 S.E. 7TH STREET NORTH CITY-ST-ZIP: BELLE GLADE FL 33430	<input type="checkbox"/> Delete
TITLE: D NAME: STEIN, STEWART STREET ADDRESS: 1625 WEDGEWORTH ROAD CITY-ST-ZIP: BELLE GLADE FL 33430	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: KENNTH E. LUTZ STREET ADDRESS: 301 NW AVENUE C CITY-ST-ZIP: BELLE GLADE, FL 33430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: EDWIN R. RICE STREET ADDRESS: 100 ROYAL PALM DRIVE CITY-ST-ZIP: BELLE GLADE, FL 33430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: ASHLEY TRIPP STREET ADDRESS: 657 TABIT ROAD CITY-ST-ZIP: BELLE GLADE, FL 33430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: J.S. WEEKS STREET ADDRESS: 1908 SE AVENUE K CITY-ST-ZIP: BELLE GLADE, FL 33430.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, PD, 01 MAY 2008, 561/996-5198**