

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43958

FILED  
Jul 07, 2009  
Secretary of State

**Entity Name:** THE GLADES HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

530 SOUTH MAIN STREET  
BELLE GLADE, FL 33430 US

**New Principal Place of Business:**

1908 SE AVE K PLACE  
BELLE GLADE, FL 33430 US

**Current Mailing Address:**

101 S.E. 7TH STREET NORTH  
BELLE GLADE, FL 33430 US

**New Mailing Address:**

PO BOX 1662  
BELLE GLADE, FL 33430 US

**FEI Number:** 59-1690097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
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:**

ORSENIGO, JOSEPH R DR.  
101 S.E. 7TH STREET NORTH  
BELLE GLADE, FL 33430 US

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

WEEKS, JEFFREY S  
1908 SE AVE K PLACE  
BELLE GLADE, FL 33430 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: JEFFREY S. WEEKS

07/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ORSENIGO, JOSEPH R DR  
Address: 101 S.E. 7TH STREET NORTH  
City-St-Zip: BELLE GLADE, FL 33430

Title: TD ( ) Delete  
Name: SWAGER, GLORIA  
Address: 301 S.E. 7TH STREET NORTH  
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete  
Name: STEIN, STEWART  
Address: 1625 WEDGEWORTH ROAD  
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete  
Name: LUTZ, KENNTH E  
Address: 301 NW AVE C  
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete  
Name: RICE, EDWIN R  
Address: 100 ROYAL PALM DR  
City-St-Zip: BELLE GLADE, FL 33430

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WEEKS, JEFFREY S  
Address: 1908 SE AVE K PLACE  
City-St-Zip: BELLE GLADE, FL 33430

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEFFREY S WEEKS

P

07/07/2009

Electronic Signature of Signing Officer or Director

Date