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Jun 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002836 (5)

1. Corporation Name

GLADES POSITIVE ALTERNATIVE PARTNERSHIP CORPORAT  
ION OF BELLE GLADE



Principal Place of Business

Mailing Address

SOUTH CITY HALL  
335 SW 2ND AVE  
SOUTH BAY FL 33483

SOUTH CITY HALL  
335 SW 2ND AVE  
SOUTH BAY FL 33493-2225

3. Date Incorporated or Qualified 06/22/1993 3a. Date of Last Report 04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Glades Community Development

22 Suite, Apt. #, etc. 425 W. Canal St, N.

23 City & State Belle Glade, FL

24 Zip 33430 25 Country USA

26 Glades Community Development

27 Suite, Apt. #, etc. 425 W. Canal St, N.

28 City & State Belle Glade, FL

29 Zip 33430 30 Country USA

4. FEI Number 65-0451192 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODWARD, JIM  
1901 NW 16TH STREET  
BELLE GLADE FL 33430

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOODWARD, JAMES	
STREET ADDRESS	1901 NW 16TH STREET	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREAR, EFFIE	
STREET ADDRESS	425 W CANAL ST NORTH	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, G E	
STREET ADDRESS	900 LARRIMORE RD	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MALONE, JUANITA E	
STREET ADDRESS	7TH AND CANAL ST NW	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRELL, EARLYNE R	
STREET ADDRESS	1321 PALM BEACH RD W	
CITY-ST-ZIP	SOUTH BAY FL 33493	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAMSEY, RICHARD	
STREET ADDRESS	1101 SW AVE E	
CITY-ST-ZIP	BELLE GLADE FL 33430	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE	D Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mary B. Grear	
1.3 STREET ADDRESS	101 BE 7 ST N	
1.4 CITY-ST-ZIP	Belle Glade, FL 33430	
2.1 TITLE	Rev JOHNNY W. JOHNSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	president	
2.3 STREET ADDRESS	1411 SW Ave H	
2.4 CITY-ST-ZIP	Belle Glade FL 33430	
3.1 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rebecca Nichols	
3.3 STREET ADDRESS	333 NW 14th St	
3.4 CITY-ST-ZIP	Belle Glade, FL 33430	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)