

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90066 010 ****70.00

DOCUMENT # N93000002836

1. Corporation Name

GLADES POSITIVE ALTERNATIVE PARTNERSHIP CORPORAT
ION OF BELLE GLADE

Principal Place of Business

GLADES COMMUNITY DEVELOPMENT
425 W CANAL ST N
BELL GLADE FL 33430
US

Mailing Address

GLADES COMMUNITY DEVELOPMENT
425 W CANAL ST N
BELLE GLADE FL 33430
US

3 5 7 6 8 4
357684 - 90066 - 10 4 *



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 401 S. E. FIRST ST.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 401 S. E. FIRST ST.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

06/22/1993

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 VPD
NAME STAMBAUGH, CURTIS
STREET ADDRESS 40 W CANAL ST N
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE PD
NAME JOHNSON, REV JOHNNY W
STREET ADDRESS 1411 S.W. AVE H
CITY-ST-ZIP BELLE GLADE FL

TITLE SD
NAME BELL-SPENCE, BARBARA
STREET ADDRESS 425 W CANAL ST N
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE TD
NAME ASIA-WILLIAMS, GWEN
STREET ADDRESS 1901 NW 16TH ST
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

401 S. E. 1st Street
Belle Glade, FL 33430

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/99 (561) 992-9500