

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90007 032 ****70.00

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1. Entity Name
**GLADES POSITIVE ALTERNATIVE PARTNERSHIP
CORPORATION OF BELLE GLADE**



Principal Place of Business

**SUB-STATION
224 S.W. 5TH STREET
BELLE GLADE, FL 33430 US**

Mailing Address

**P.O. BOX 218
BELLE GLADE, FL 33430 US**

DO NOT WRITE IN THIS SPACE



05102004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0451192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALKERS, JEFFERS
SUB-STATION
224 S.W. 5TH STREET
BELLE GLADE, FL 33430**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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
**DP
STAMBAUGH, CURTIS
40 W CANAL STREET
BELLE GLADE, FL 33430**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
CLAY, IRENE
1216 S.W. AVENUE C. PLACE
BELLE GLADE, FL 33430**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
BELL-SPENCE, BARBARA
740 S.E. 1ST STREET
BELLE GLADE, FL 33430**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-10-04 1-561-261-02065