

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002836

FILED
Apr 26, 2005
Secretary of State

Entity Name: GLADES POSITIVE ALTERNATIVE PARTNERSHIP CORPORATION OF BELLE GLADE

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

740 S. E. FIRST STREET
BELLE GLADE, FL 33430 US

FEI Number: 65-0451192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SPENCE, BARBARA
740 S. E. FIRST STREET
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: BARBARA BELL-SPENCE

04/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STAMBAUGH, CURTIS
Address: 40 W CANAL STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: DT () Delete
Name: CLAY, IRENE
Address: 1216 S.W. AVENUE C. PLACE
City-St-Zip: BELLE GLADE, FL 33430

Title: DS () Delete
Name: BELL-SPENCE, BARBARA
Address: 740 S.E. 1ST STREET
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: CURTIS STAMBAUGH

DP

04/26/2005

Electronic Signature of Signing Officer or Director

Date