

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# N93000002836

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:

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

New Mailing Address:

FEI Number: 65-0451192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

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

Name and Address of New Registered Agent:

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: _____

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DS () Change (X) Addition
Name: WILKERSON, MARY
Address: 110 DR. MLK BLVD., WEST
City-St-Zip: BELLE GLADE, FL 33430

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: BARBARA BELL-SPENCE

VP

05/03/2007

Electronic Signature of Signing Officer or Director

_____ Date