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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthym  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002641 (8)**  
1. Corporation Name  
**GLADES PIONEERS, INC.**

Principal Place of Business Mailing Address  
**601 COVENANT DR. BELLE GLADE FL**      **601 COVENANT DR. BELLE GLADE FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/24/1994**      3a. Date of Last Report

4. FEI Number **65-0532561**      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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

**LAMBERT, ROGER C**  
**1155 U.S. HIGHWAY ONE**  
**SUITE 205**  
**JUNO BEACH FL**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONE, JUANITA	12 NAME	<b>President,</b>
STREET ADDRESS	601 COVENANT DR.	13 STREET ADDRESS	<b>McClendon, Edna</b>
CITY - ST - ZIP	BELLE GLADE FL	14 CITY - ST - ZIP	<b>836 Azeala Drive</b>
TITLE	DV	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLENDON, EDNA	22 NAME	<b>Vice President</b>
STREET ADDRESS	601 COVENANT DR.	23 STREET ADDRESS	<b>Lockett, Pauline</b>
CITY - ST - ZIP	BELLE GLADE FL	24 CITY - ST - ZIP	<b>700 S.W. 8th Street</b>
TITLE	DST	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOULLIARD, MARY	32 NAME	<b>Secretary</b>
STREET ADDRESS	601 COVENANT DR.	33 STREET ADDRESS	<b>Willford, Dorothy</b>
CITY - ST - ZIP	BELLE GLADE FL	34 CITY - ST - ZIP	<b>605 S.W. 13th Street</b>
TITLE		41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	<b>Treasurer</b>
STREET ADDRESS		43 STREET ADDRESS	<b>Malone, Juanita</b>
CITY - ST - ZIP		44 CITY - ST - ZIP	<b>2524 Stonegate Drive</b>
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included in 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 of this filing, or on an attachment with this filing.

SIGNATURE: \_\_\_\_\_ DATE: **February 23, 1995** TELEPHONE: **(407) 996-2300**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR      Date      Telephone Number