

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000002641 (8)**

1. Corporation Name

GLADES PIONEERS, INC.



Principal Place of Business

601 COVENANT DR.
BELLE GLADE FL

Mailing Address

601 COVENANT DR.
BELLE GLADE FL

3. Date Incorporated or Qualified
05/24/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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 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 of position

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCCLENDON, EDNA	
STREET ADDRESS	836 AZEALA DR	
CITY - ST - ZIP	ROYAL PALM BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LOSKETT, PAULINE	
STREET ADDRESS	700 SW 8TH ST	
CITY - ST - ZIP	BELLE GLADE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WILLFORD, DOROTHY	
STREET ADDRESS	605 SW 13TH ST	
CITY - ST - ZIP	BELLE GLADE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MALONE, JUANITA	
STREET ADDRESS	2524 STONEGATE DR	
CITY - ST - ZIP	WELLINGTON FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SMITH, NANCY	
STREET ADDRESS	1740 SOUTHEAST AVENUE K	
CITY - ST - ZIP	BELLE GLADE FLORIDA 33430	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MAXWELL, SISTER AMADEE	
STREET ADDRESS	425 SOUTHWEST 4TH STREET	
CITY - ST - ZIP	BELLE GLADE FLORIDA 33430	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	T
33 STREET ADDRESS	BLAKELY, JERRY K. MRS.
34 CITY - ST - ZIP	41 SOUTHWEST AVENUE B BELLE GLADE FLORIDA 33430
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D
43 STREET ADDRESS	MALONE, JUANITA
44 CITY - ST - ZIP	2524 STONEGATE DRIVE WELLINGTON FLORIDA 33414
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 119.07(3)(k), 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 to this address.

SIGNATURE:

Edna O. McClendon
Edna O. McClendon, President

January 25, 1996 (407) 924-6400

CR2E037 (12/95)