FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

N94000002641 (8)

GLADES PIONEERS, INC.									
Principal Place of Business Mailin		Mailing Address	ailing Address			10 MAINE BANK BA	AND FABRO BURNE O	1881 IIBI IBBI	
601 COVENANT DR. 601 COVENANT DR. BELLE GLADE FL 33430-57.			5728						
					3. Date Incorporated or Qualified 05/24/1994		te of Last Re 02/07/199		
21 26		2a. Mailing Address 26			4. FEI Number 65-0532561			plied For t Applicable	
		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	[]	\$8.75 A Fee Re		
City & Stat	е	City & State			6. Election Campaign Financing		\$5.00		
Zip	Country	Zip	Country	,	Trust Fund Contribution 8. This corporation has liability fo	r intangible i			
24	25	29	30			Yes [
	9. Name and Address of Curre	nt Hegistered Agent	81	Name	10. Name and Address of New F	egistered A	.gent		
LAMRES	DT BUCKER C								
LAMBERT, ROGER C 1155 U.S. HIGHWAY ONE			82	Street A	Address (P.O. Box Number is Not Accepta	able)			
SUITE 205			83			A-11			
JUNO BEACH FL			84	City		FL	85 Zip C	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.								s registered registered	
SIGNATURE									
40	Stgnature, typed or printed name of registered ag			ent signature	required when reinstating)	DATE			
12.	DP OFFICERS AN	ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF		☐ Change	S IN 12 Addition	
NAME	MCCLENDON, EDNA						TT CHAILBE	L MOULION	
STREET ADORESS				ADDRESS					
CITY-ST-ZIP				T-ZIP					
TITLE	DVP	☐ DELETE	2.1 TITLE	,, 2,,,			Change	Addition	
NAME	LOSKETT, PAULINE (LO	CKETT) SP.	2.2 NAME				_ ·		
STREET ADDRESS				ADORESS					
CITY-ST-ZIP	BELLE GLADE FL			ST-ZIP					
TITLE	T	☐ DELETE	3.1 TITLE				Change	Addition	
NAME	BLAKELY, JERRY K							ĺ	
STREET ADDRESS	41 SOUTHEAST AVENUE, #	В	3.3 STREET	ADDRESS					
CITY-ST-ZIP	BELLE GLADE FL		3.4. CITY-	ST-ZIP					
TITLE	D	☐ DELETE	4.1 TITLE			,	Change	Addition	
NAME	MALONE, JUANITA		4.2 NAME					į	
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP TITLE	WELLINGTON FL	DELETE	4.4 CITY - S	T-ZIP			Channe	V Aparetas	
ľ		☐ percie	5.1 TITLE	[VICE TREASURER SMITH, NANCY		Change	K Addition	
NAME Street Address			5.2 NAME		1740 SOUTHEAST AVENUE	. K			
			5.3 STREET		_ · ·	33430			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-S 6.1 TITLE	i - ZiP	BELLE GLADE FLORIDA		Change	☐ Addition	
NAME		La petete	6.2 NAME				The results	☐ WOOHION	
STREET ADDRESS				ADDRESS	:				
31,122, 1100,1100			9.0 01 NEC	PODUEGO					

SIGNATURE: January 10, 1997 (561) 996-2300

14. I do 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 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 changed, or of an attachment with a padress.