FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N9400002641

1. Corporation Name

GLADES PIONEERS, INC.

Principal Place of Bus
601 COVENANT DR.
DELLE GLADE EL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Mailing Address

601 COVENANT DR. BELLE GLADE FL

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90092 050 ****70.00



Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

05/24/1994

65-0532561

4. FEI Number

<u> </u>	·						
Zip	Country	Zip		Country	6. Election Campaign Financing	\$5.00	
4	25	29	30		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regi	stered Agent	
	•			81 Namer	OBERT MORRIS, ESQUIRE		
MONTGOMERY, THOMAS E				82 Street	Address (P.O. Box Number is Not Acceptable)		
ONE SOUTHEAST AVENUE E					85 RÒYAL PALM BEACH BOUI	EVARD	
SUITE 205				83	UITE #205		
BELLE GLADE FL 33430				84 City F	OVAL DATA DEACH	85 ~Zip,C	ode
	•			1 1	OYAL PALM BEACH	FL 334.	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florid	la Statutes, t	he above-named	corporation submits this statement for the purpose the purpose of directors. I have by account the	ose of changing its	registered
office or re	egistered agent, or both, in the State of	Florida, Such chang ons of Section 617 (ge was autho 1503 Florida	orized by the corpo Statutes.	oration's board of directors. I hereby accept the	appointment as reg	gisterea
	III Janilla Will and accept the congone		2/2.50 a a		4-8	-99 DATE	••
SIGNATURE	Signature, type or printed name of registered agent a	nd title if applicable.	(NOTE: Regi	istered Agent signature r	equired when reinstating)	DATE	
12.	OFFICERS AND			13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	PD		LETE	1.1 TITLE		Change	Addition
NAME	MCCLENDON, EDNA		1	1.2 NAME			
STREET ADDRESS	601 COVENANT DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	BELLE GLADE FL			1.4 CITY-ST-ZIP			
TITLE	VD	□ De	LETE	2.1 TITLE	SD	▼ Change	Addition
NAME	LOCKETT, PAULINE	_	•	22 NAME	REUTER, MONIKA		F . '
STREET ADDRESS	601 COVENANT DRIVE			2.3 STREET ADDRESS	111 A WEYBRIDGE CIRCLE		
	BELLE GLADE FL			2.4 CITY-ST-ZIP	ROYAL PALM BEACH FLORII	A 33411	
CITY-ST-ZIP TITLE	STD	<u> </u>	ELETE -	3.1 TITLE	TOTAL TABLE BLACK PROKE	Change	Addition
i			· -	3.2 NAME	•		
NAME	WILLFORD, DOROTHY K			-			
STREET ADDRESS	601 COVENANT DRIVE			3.3 STREET ADDRESS			*
CITY-ST-ZIP	BELLE GLADE FL		ELETE	3.4. CITY-ST-ZIP		[] Change	Addition
TITLE		ان ب	CLE 1E	4.1 TITLE			
NAME	HARRISON, NORMAN			4, 2 NAME			
STREET ADDRESS	508 GLADE GLEN			4.3 STREET ADDRESS			
CITY-ST-ZIP	BELLE GLADE FL 33430			4.4 CITY-ST-ZIP		Charac	☐ Addition
TITLE	D	_	ELETE	5.1 TITLE	•	Change	Addition
NAME	WASHINGTON-KENDALL , MAMIE			5.2 NAME			
STREET ADDRESS	141 SOUTH MAIN ST, STE 205			5.3 STREET ADDRESS			
CITY-ST-ZIP	BELLE GLADE FL 33430			5.4 CITY-ST-ZIP			
TITLE			ELET E	6.1 TITLE		Change	Addition
NAME .				6.2 NAME			
STREET ADDRESS	•			6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			, ,
14. I hereby o	certify that the information supplied with	this filing does not d	qualify for the	exemption state	in Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the in	nformation

and accurate and that my signature snau have the same legal effect as it made under oath, that I am all dereduct execute this report as required by Chapter 617, Florida Statutes; and that my name appears in ss, with all other like empowered. officer or director of the corporation or the receiver or trusts Block 12 or Block 13 if changes of on an attachment with

APRIL 9, 1999 (561) 996-2300