



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90008 032 \*\*\*\*70.00

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<b>DOCUMENT # N94000002641</b>					
1. Entity Name <b>GLADES PIONEERS, INC.</b>					
Principal Place of Business <b>601 COVENANT DR. BELLE GLADE, FL</b>		Mailing Address <b>601 COVENANT DR. BELLE GLADE, FL</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01122004 Chg-NP CR2E037 (10/03) 4. FEI Number <b>65-0532561</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MORRIS, ROBERT ESQ</b> <b>685 ROYAL PALM BEACH BOULEVARD</b> <b>SUITE 205</b> <b>BELLE GLADE, FL 33430</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLENDON, EDNA		NAME		
STREET ADDRESS	140 SANTA MONICA AVE.		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOCKETT, PAULINE		NAME	<b>LOCKETT, PAULINE</b>	
STREET ADDRESS	601 COVENANT DRIVE		STREET ADDRESS	<b>700 SOUTHWEST 8TH STREET</b>	
CITY-ST-ZIP	BELLE GLADE, FL		CITY-ST-ZIP	<b>BELLE GLADE, FLORIDA 33430</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REUTER, MONIKA		NAME	<b>REUTER, MONIKA</b>	
STREET ADDRESS	4485 NW 65TH TERR		STREET ADDRESS	<b>4485 N W 65TH TERRACE</b>	
CITY-ST-ZIP	LAUDERHILL, FL 33319		CITY-ST-ZIP	<b>LAUDERHILL FLORIDA 33319</b>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRISON, NORMAN		NAME	<b>HARRISON, NORMAN</b>	
STREET ADDRESS	324 EAST CANAL ST SO. APT #7		STREET ADDRESS	<b>324 EAST CANAL STREET SOUTH, APT.#7</b>	
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP	<b>BELLE GRADE FLORIDA 33430</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, LAUPA		NAME	<b>JACKSON, LAURA</b>	
STREET ADDRESS	440 WEST 30TH ST		STREET ADDRESS	<b>440 WEST 30TH STREET</b>	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		CITY-ST-ZIP	<b>RIVIERA BEACH FLORIDA 33404</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			<b>JANUARY 29, 2004 (561) 996-2300</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
<b>EDNA O. MCCLENDON, PRESIDENT</b>					