


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000002641**

1. Entity 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**



01072005 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**65-0532561**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MORRIS, ROBERT ESQ  
 685 ROYAL PALM BEACH BOULEVARD  
 SUITE 205  
 BELLE GLADE, FL 33430**

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

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

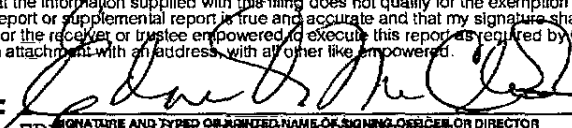
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLENDON, EDNA 140 SANTA MONICA AVE. ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOCKETT, PAULINE 700 SOUTHWEST 8TH ST. BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REUTER, MONIKA 4485 NW 65TH TERR LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HARRISON, NORMAN 324 EAST CANAL ST SO. APT #7 BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACKSON, LAURA 440 WEST 30TH ST RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000191116  
 01/24/05-80160-025 70.00

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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:**       **JANUARY 13, 2004 (561) 996-2300**

EDNA U. MCCLENDON, PRESIDENT      Date      Daytime Phone #