

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N94000002641

Entity Name: GLADES PIONEERS, INC.

Current Principal Place of Business:

601 COVENANT DR.
BELLE GLADE, FL

New Principal Place of Business:

601 COVENANT DR.
BELLE GLADE, FL 334305278 US

Current Mailing Address:

601 COVENANT DR.
BELLE GLADE, FL

New Mailing Address:

601 COVENANT DR.
BELLE GLADE, FL 334305278 US

FEI Number: 65-0532561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCLENDON, EDNA
Address: 140 SANTA MONICA AVE.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VD () Delete
Name: LOCKETT, PAULINE
Address: 700 SOUTHWEST 8TH ST.
City-St-Zip: BELLE GLADE, FL 33430

Title: VTD () Delete
Name: HARRISON, NORMAN
Address: 340 NOAH CT
City-St-Zip: BELLE GLADE, FL 33430

Title: TD () Delete
Name: JACKSON, LAURA
Address: 440 WEST 30TH ST
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDNA O. MCCLENDON

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date