FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002977 (6)

1. Corporation Name
Glades Community Development Corporation

Principal Place of Business / Mailing Address
408 SE MLK Blvd. Suite 201
Belle Glade, Fla. 33430 (SAME)

2. Principal Place of Business
21 408 S.E. MLK Blvd
Suite, Apt. #, etc.
22 Suite 201
City & State
23 Belle Glade, Fla.
Zip 24 33430 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: JUNE 16, 1994
3a. Date of Last Report: 1995
4. FEI Number: 65-0498106 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

- Same Registered Agent Address Change Only!
- 127 SE MLK Blvd is old address

10. Name and Address of New Registered Agent

81 Name: Autrie Moore Williams
82 Street Address (P.O. Box Number is Not Acceptable): 408 SE MLK Blvd. Suite 201
83
84 City: Belle Glade FL 85 Zip Code: 33430

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President PD Juanita Malone 2524 Stoneagate Drive Wellington, Fl. 33414	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President VD Desmond Harriott 900 S.W. Ave. J Belle Glade, Fl. 33450	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer TD Gary Goggans 324 NW 8th St. Belle Glade Fl. 33430	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary SD Jeanette Dexter 333 SE Ave I Belle Glade Fl 33430	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Vice-President VD Jeanette Dexter 333 SE Ave I Belle Glade, Fl. 33430	☑ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Secretary SD Paul Allen 33 NE Ave I Belle Glade Fl 33430	☑ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	400001930224 -08/23/96--01004--024 ***70.00	☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed or on an attachment with an address.

SIGNATURE: Juanita Malone 8/8/96 (561) 992-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Fax 8/21/96