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Mar 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000002977 (6)

1. Corporation Name

THE GLADES COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

408 S.E. MLK BLVD.
SUITE 201
BELLE GLADE FL 33430

408 S.E. MLK BLVD.
SUITE 201
BELLE GLADE FL 33430-4044

2. Principal Place of Business

2a. Mailing Address

21 425 W. Canal St., N.

26 425 W. Canal St., N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Belle Glade, FL
Zip Country

28 Belle Glade, FL
Zip Country

24 33430 25 Palm Beach

29 33430 30 Palm Beach

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/16/1994

3a. Date of Last Report
08/22/1996

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

MOORE-WILLIAMS, AUTRIE
408 S.E. MLK BLVD.
SUITE 201
BELLE GLADE FL 33430

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 425 W. Canal Street

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MALON, JUANITA
STREET ADDRESS 2524 STONEGATE DR
CITY-ST-ZIP WELLINGTON FL 33414 ☐ DELETE

TITLE VD
NAME DEXTER, JEANNETTE
STREET ADDRESS 333 SE AVE I
CITY-ST-ZIP BELLE GLADE FL 33430 ☐ DELETE

TITLE TD
NAME GOGGANS, GARY
STREET ADDRESS 324 NW 8 ST
CITY-ST-ZIP BELLE GLADE FL 33430 ☐ DELETE

TITLE SD
NAME ALLEN, PAUL
STREET ADDRESS 33 NE AVE. I
CITY-ST-ZIP BELLE GLADE FL 33430 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Malone, Juanita
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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

Juanita Malone

CR2E037 (9/96)