

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

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90057 006 \*\*\*\*61.25

**DOCUMENT # N94000002977**

1. Entity Name  
**THE GLADES COMMUNITY DEVELOPMENT  
CORPORATION**



Principal Place of Business

**401 SE SECOND STREET  
BELLE GLADE, FL 33430 US**

Mailing Address

**401 SE SECOND STREET  
BELLE GLADE, FL 33430 US**

**50030345**



01052005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0498106**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MOORE-WILLIAMS, AUTRIE  
401 SE 2ND STREET  
BELLE GLADE, FL 33430**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

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 ALLEN, ANNETTE 270 SW 7TH AVE. SOUTH BAY, FL 33493
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANTON, JORGE 3269 EL CAMINO REAL WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STAMBAUGH, CURTIS 622 SE 3RD ST. BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, JANET 146 B WEYBRIDGE COURT ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLEN, ANNETTE 270 SW 7TH AVENUE SOUTH BAY, FL 33493
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #