

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 # **N95000001228 (4)**

1. Corporation Name

GLADES COUNTY JUVENILE JUSTICE COUNCIL INCORPORATED



Principal Place of Business: 599 AVE J MOORE HAVEN FL 33471
Mailing Address: 599 AVE J MOORE HAVEN FL 33471

3. Date Incorporated or Qualified: 03/13/1995
3a. Date of Last Report

21. Principal Place of Business	22. Suite, Apt. #, etc.	23. City & State	24. Zip	25. Country	26. Mailing Address	27. Suite, Apt. #, etc.	28. City & State	29. Zip	30. Country	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
										5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
										6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
										8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
* BOGHER, JOHN H 599 AVE J MOORE HAVEN FL 33471				81 Name: David M. King			
				82 Street Address (P.O. Box Number is Not Acceptable): 599 Avenue J			
				83			
				84 City: Moore Haven FL 85 Zip Code: 33471			

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: *David M. King* David M. King, Chairman 1/22/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CD	NAME: BOOHER, JOHN H	11 TITLE: CD	NAME: DAVID M. KING
STREET ADDRESS: 9 RIVER RD	CITY-ST-ZIP: MOORE HAVEN FL 33471	12 NAME: DAVID M. KING	13 STREET ADDRESS: 599 AVE J
		14 CITY-ST-ZIP: MOORE HAVEN FL 33471	
TITLE: D	NAME: WATSON, DAVID L	21 TITLE: VC	NAME: JAMES SHARON
STREET ADDRESS: P.O. BOX 1102 N/A	CITY-ST-ZIP: MOORE HAVEN FL 33471	22 NAME: JAMES SHARON	23 STREET ADDRESS: RR6 BOX 857
		24 CITY-ST-ZIP: MOORE HAVEN FL 33471	
TITLE: SD	NAME: PATE, KATHY A	31 TITLE: S/D	NAME: CATHERINE BAXTER
STREET ADDRESS: RT 1 9 RIVERVIEW DR	CITY-ST-ZIP: MOORE HAVEN FL 33471	32 NAME: CATHERINE BAXTER	33 STREET ADDRESS: P.O. BOX 1211 N/A
		34 CITY-ST-ZIP: MOORE HAVEN FL 33471	
TITLE: D	NAME: ALLEN, HARRIS	41 TITLE:	NAME:
STREET ADDRESS: P.O. BOX 1960 N/A	CITY-ST-ZIP: LABELLE FL 33935	42 NAME:	43 STREET ADDRESS:
		44 CITY-ST-ZIP:	
TITLE: D	NAME: CLARK, GARY L	51 TITLE:	52 NAME:
STREET ADDRESS: P.O. BOX 459 N/A	CITY-ST-ZIP: MOORE HAVEN FL 33471	53 STREET ADDRESS:	54 CITY-ST-ZIP:
		55 CITY-ST-ZIP:	56 CITY-ST-ZIP:
TITLE: D	NAME: WALBOURN, BARRY	61 TITLE:	62 NAME:
STREET ADDRESS: P.O. BOX 172 N/A	CITY-ST-ZIP: MOORE HAVEN FL 33471	63 STREET ADDRESS:	64 CITY-ST-ZIP:
		65 CITY-ST-ZIP:	

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, changed, or on an attachment with an address.

SIGNATURE: *David M. King* Lt. David M. King 1/22/96 (941)946-0100
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)

Handwritten signature and date: a s/1/96