

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 39**

22 City & State

27 City & State
Moore Haven, FL

23 Zip Country

28 Zip Country
33471 Glades

4. FEI Number

☒ 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

*** BOOHER, JOHN H
599 AVE J
MOORE HAVEN FL 33471**

10. Name and Address of New Registered Agent

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

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BOOHER, JOHN H	
STREET ADDRESS	9 RIVER RD	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, DAVID L	
STREET ADDRESS	P.O. BOX 1102 N/A	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PATE, KATHY A	
STREET ADDRESS	RT 1 9 RIVERVIEW DR	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, HARRIS	
STREET ADDRESS	P.O. BOX 1960 N/A	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, GARY L	
STREET ADDRESS	P.O. BOX 459 N/A	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALBOURN, BARRY	
STREET ADDRESS	P.O. BOX 172 N/A	
CITY-ST-ZIP	MOORE HAVEN FL 33471	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DAVID M. KING	
13 STREET ADDRESS	599 AVE J	
14 CITY-ST-ZIP	MOORE HAVEN FL 33471	
21 TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	JAMES SHARON	
23 STREET ADDRESS	RR6 BOX 857	
24 CITY-ST-ZIP	MOORE HAVEN FL 33471	
31 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	CATHERINE BAXTER	
33 STREET ADDRESS	P.O. BOX 1211 N/A	
34 CITY-ST-ZIP	MOORE HAVEN FL 33471	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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as/1/96

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)