

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001228 (4)**

1. Corporation Name

**GLADES COUNTY JUVENILE JUSTICE COUNCIL INCORPORATED**

Principal Place of Business

Mailing Address

**599 AVE J  
MOORE HAVEN FL 33471**

**P.O. BOX 39  
MOORE HAVEN FL 33471**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/13/1995** 3a. Date of Last Report **05/01/1996**

4. FEI Number **APPLIED FOR** 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KING, DAVID M  
599 AVE J  
MOORE HAVEN FL 33471**

81 Name **JAMES E SHARON**  
82 Street Address (P.O. Box Number is Not Acceptable) **599 AVE 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 *James E Sharon* **JAMES E SHARON CHAIRMAN OF BOARD 8-11-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, DAVID M	1.2 NAME	JAMES E SHARON
STREET ADDRESS	599 AVE J	1.3 STREET ADDRESS	RT 6 Box 857 N/A
CITY-ST-ZIP	MOORE HAVEN FL 33471	1.4 CITY-ST-ZIP	Okeechobee, FL 34974-9701
TITLE	VS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON, JAMES	2.2 NAME	EIMER C LOSE
STREET ADDRESS	RR8 BOX 857	2.3 STREET ADDRESS	RT 6 P.O BOX 927 N/A
CITY-ST-ZIP	MOORE HAVEN FL 33471	2.4 CITY-ST-ZIP	Okeechobee, FL 34974-9701
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXTER, CATHERINE	3.2 NAME	
STREET ADDRESS	P.O. BOX 1211 (N A)	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL 33471	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, HARRIS	4.2 NAME	
STREET ADDRESS	P.O. BOX 1980 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL 33935	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, GARY L	5.2 NAME	
STREET ADDRESS	P.O. BOX 459 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL 33471	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALBOURN, BARRY	6.2 NAME	JAMES Rider
STREET ADDRESS	P.O. BOX 172 N/A	6.3 STREET ADDRESS	599 AVE J
CITY-ST-ZIP	MOORE HAVEN FL 33471	6.4 CITY-ST-ZIP	MOORE HAVEN, FL 33471

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 REQUIRED

CR2E037 (4/97)