

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

2. Principal Place of Business

2a. Mailing Address

21 Christian Church

26 Christian Church

22 Suite, Apt. #, etc.  
P.O. Box 997

27 Suite, Apt. #, etc.  
P.O. Box 997

23 City & State  
Moore Haven, FL 33471

28 City & State  
Moore Haven, FL

24 Zip  
33471

25 Country  
Glades

29 Zip  
33471

30 Country  
Glades

9. Name and Address of Current Registered Agent

SHARON, JAMES E  
599 AVE J  
MOORE HAVEN FL 33471

3. Date Incorporated or Qualified

03/13/1995

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name  
John H Booher

82 Street Address (P.O. Box Number is Not Acceptable)  
700 7th St

83

84 City  
Moore Haven

FL

85 Zip Code  
33471

11. Pursuant to the provisions of sections 617.0502 and 617.1503, 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

10-30-98

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME SHARON, JAMES E

STREET ADDRESS RT 6 BOX 857 N/A

CITY-ST-ZIP OKEECHOBEE FL

TITLE VCD ☐ DELETE

NAME CLOSE, ELMER

STREET ADDRESS RT 6 P O BOX 927 N/A

CITY-ST-ZIP OKEECHOBEE FL

TITLE SD ☐ DELETE

NAME BAXTER, CATHERINE

STREET ADDRESS P.O. BOX 1211 (N A)

CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE D ☐ DELETE

NAME ALLEN, HARRIS

STREET ADDRESS P.O. BOX 1960 N/A

CITY-ST-ZIP LABELLE FL 33935

TITLE D ☐ DELETE

NAME CLARK, GARY L

STREET ADDRESS P.O. BOX 459 N/A

CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE D ☐ DELETE

NAME RIDER, JAMES

STREET ADDRESS 599 AVE J

CITY-ST-ZIP MOORE HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Board Chair  
John H Booher

1.3 STREET ADDRESS 1620 River Road

1.4 CITY-ST-ZIP Moore Haven, FL 33471

2.1 TITLE Vice Chair ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 28, 1998

Date

Daytime Phone #

APPROVED  
AND  
FILED

98 NOV -3 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



0007834

CR2E037 (5/98)

2

Form **SS-4**

(Rev. February 1998)  
Department of the Treasury  
Internal Revenue Service

## Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions)	<u>GLADES COUNTY JUVENILE JUSTICE COUNCIL</u>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name	<u>JOHN H BOOTHER CHAIR</u>
	4a Mailing address (street address) (room, apt., or suite no.)	5a Business address (if different from address on lines 4a and 4b)	
	4b City, state, and ZIP code	5b City, state, and ZIP code	
	6 County and state where principal business is located	<u>GLADES COUNTY FL.</u>	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ►	<u>JOHN H BOOTHER</u>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN)                    | <input type="checkbox"/> Estate (SSN of decedent)      |
| <input type="checkbox"/> Partnership                              | <input type="checkbox"/> Plan administrator (SSN)      |
| <input type="checkbox"/> REMIC                                    | <input type="checkbox"/> Other corporation (specify) ► |
| <input checked="" type="checkbox"/> State/local government        | <input type="checkbox"/> Trust                         |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military   |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable)                              |
| <input type="checkbox"/> Other (specify) ►                        |  |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State <u>FLORIDA</u>	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)

<input type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ►
	<input checked="" type="checkbox"/> Other (specify) ► <u>WAS TOLD WE NEEDED TO</u>

10 Date business started or acquired (month, day, year) (see instructions)

3-13-95

11 Closing month of accounting year (see instructions)

OCTOBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

NO MONETARY INVOLVED

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
<u>NO ONE</u>		

14 Principal activity (see instructions) ► GOVERNMENTAL - STATE -

15 Is the principal business activity manufacturing? . . . . . ☐ Yes ☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
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17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►	Trade name ►
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► <u>JOHN H BOOTHER, CHAIR</u>	Business telephone number (include area code) <u>941-946-1451</u>
	Fax telephone number (include area code) <u>941-946-1661</u>

Signature ► [Signature] Date ► Oct. 29, 1998

Note: Do not write below this line. For official use only.

Geo.	Ind.	Class	Size	Reason for applying
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