

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003908

FILED
Apr 25, 2007
Secretary of State

Entity Name: GLADES ELECTRIC CHARITABLE TRUST, INC.

Current Principal Place of Business:

1190 US HWY 27 EAST
MOORE HAVEN, FL 33471

New Principal Place of Business:

Current Mailing Address:

PO BOX 519
MOORE HAVEN, FL 33471

New Mailing Address:

FEI Number: 65-0850177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, ANDREW B ESQ.
150 NORTH COMMERCE AVE.
SEBRING, FL 33871 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OWEN, HAROLD
Address: 139 LAKE FRANCIS DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: S () Delete
Name: VICKERS, AUDREY
Address: 1825 WRIGHT LANE
City-St-Zip: LORIDA, FL 33857

Title: P () Delete
Name: CHAPMAN, KAY
Address: 765 E. ST RD 78
City-St-Zip: MOORE HAVEN, FL 33471

Title: T () Delete
Name: BENNETT, JOSEPHINE
Address: 14685 NW 160TH STREET
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: HERRINGTON, JIM
Address: 280 WESTERN DRIVE
City-St-Zip: MOORE HAVEN, FL 33471

Title: VP () Delete
Name: ANDRUS, LEE
Address: 636 HIGHLANDS LAKE DR
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD OWEN

D

04/25/2007

Electronic Signature of Signing Officer or Director

Date