

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

DOCUMENT # N96000003931

1. Entity Name

GLADES YOUTH (PANTHERS), INC.



05-03-2004 90784 001 ****61.25
05-03-2004 90784 002 *****8.75

Principal Place of Business
1217 S.W. AVENUE B PLACE
BELLE GLADE FL 33430

Mailing Address
1217 S.W. AVENUE B PLACE
BELLE GLADE FL 33430

bb417361

2. Principal Place of Business

3. Mailing Address

45 Mango Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Belle Glade FLA

Zip

Country

33430 USA

MOORE

CR2E037 (11/03)

4. FEI Number

65-0694687

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYTHWOOD, DANIEL
1217 S.W. AVENUE B PLACE
BELLE GLADE FL 33430

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME BYTHWOOD, DANIEL
STREET ADDRESS 1217 S.W. AVENUE B PLACE
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE DV ☐ Delete
NAME WALKER, CHARLES
STREET ADDRESS 45 MANGO AVE
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE DST ☒ Delete
NAME HARRELL, VALARIE
STREET ADDRESS 120 S.W. 2ND AVENUE
CITY-ST-ZIP SOUTH BAY FL 33493

TITLE DST ☐ Delete
NAME WALKER, NATASHA
STREET ADDRESS 45 MANGO AVE
CITY-ST-ZIP BELLE GLADE FL 33432

TITLE VD ☐ Delete
NAME BYTHWOOD, ELOUISE
STREET ADDRESS 1217 SW AVE B PLACE
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME Mrs Robinson, Betty
STREET ADDRESS 817 N.E. 20th Street
CITY-ST-ZIP Belle Glade FL 33430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-
4-27-4 261-3457