

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000006538**

1. Entity Name

THOMAS AND SNEAD DEVELOPMENT CENTER, INC.



Principal Place of Business

900 S.W. AVENUE "G" PLACE  
BELLE GLADE, FL 33430

Mailing Address

900 S.W. AVENUE "G" PLACE  
BELLE GLADE, FL 33430



01182005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

31-1500952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, ANNIE  
900 S.W. AVENUE "G" PLACE  
BELLE GLADE, FL 33430

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME THOMAS, ANNIE  
STREET ADDRESS 900 S.W. AVENUE "G" PLACE  
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE SD  
NAME FREEMAN, LAFRANZE  
STREET ADDRESS 900 S.W. AVENUE "G" PLACE  
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE TD  
NAME FLOYD, SHIRLEY  
STREET ADDRESS 900 S.W. AVENUE "G" PLACE  
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

U07000358570  
05/04/05-80119-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 empowered.

SIGNATURE:

*Annie Eva Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/28/05*  
*561-996-2543*