

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90087 039 \*\*\*\*61.25

**DOCUMENT # N97000001288**

1. Entity Name

FLORAGLADES FOUNDATION, INC.



Principal Place of Business

1255 TOM COKER RD SW  
LABELLE FL 33935

Mailing Address

1255 TOM COKER RD SW  
LABELLE FL 33935



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0780534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

FRIEDMAN, HARRIS L  
1255 TOM COKER RD. SW  
LABELLE FL 33935

7. Name and Address of New Registered Agent

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, 2006**

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 PD ☐ Delete  
NAME FRIEDMAN, HARRIS L  
STREET ADDRESS 1255 TOM COKER RD SW  
CITY-ST-ZIP LABELLE FL 33935

TITLE VD ☐ Delete  
NAME FRIEDMAN, ANNE  
STREET ADDRESS 1255 COKER RD SW  
CITY-ST-ZIP LABELLE FL 33935

TITLE D ☒ Delete  
NAME SPAINHOWER, MITCHELL  
STREET ADDRESS 17931 LEETONA RD  
CITY-ST-ZIP NORTH FT MYERS FL 33917

TITLE D ☐ Delete  
NAME BRAATZ, AMBER  
STREET ADDRESS 14691 DRAWDY RD  
CITY-ST-ZIP FORT MYERS FL 33905

TITLE D ☐ Delete  
NAME FRIEDMAN, MARK  
STREET ADDRESS 1255 TOM COKER RD SW  
CITY-ST-ZIP LABELLE FL 33935

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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 exemptions contained in Section 119, 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:

*HARRIS L. FRIEDMAN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06 863-675-4158  
Date Daytime Phone #