2007 NOT-FOR-PROFIT CORPORATION .ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000001288

1. Entity Name
FLORAGLADES FOUNDATION, INC.

Principal Place of Business	Mailing Address
1255 TOM COKER RD SW LABELLE, FL 33935	1255 TOM COKER RD SW LABELLE, FL 33935

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04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0780534
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000707150
04/24/07-80063-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRIEDMAN, HARRIS L
STREET ADDRESS	1255 TOM COKER RD SW
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	VD
NAME	FRIEDMAN, ANNE
STREET ADDRESS	1255 COKER RD SW
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	D
NAME	BRAATZ, AMBER
STREET ADDRESS	14691 DRAWDY RD
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	D
NAME	FRIEDMAN, MARK
STREET ADDRESS	1255 TOM COKER RD SW
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Anne Friedman Anne Friedman 4/9/07 863-675-4138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #