

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001288

FILED  
Jan 22, 2010  
Secretary of State

**Entity Name:** FLORAGLADES FOUNDATION, INC.

**Current Principal Place of Business:**

1270 TOM COKER RD  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

1270 TOM COKER RD  
LABELLE, FL 33935

**New Mailing Address:**

**FEI Number:** 65-0780534

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRIEDMAN, HARRIS L  
1270 TOM COKER RD  
LABELLE, FL 33935 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:** PD  
**Name:** FRIEDMAN, HARRIS L  
**Address:** 1270 TOM COKER RD  
**City-St-Zip:** LABELLE, FL 33935

**Title:** VD  
**Name:** FRIEDMAN, ANNE  
**Address:** 1270 TOM COKER RD  
**City-St-Zip:** LABELLE, FL 33935

**Title:** D  
**Name:** BRAATZ, AMBER  
**Address:** 4030 HORSE CREEK BLVD.  
**City-St-Zip:** FORT MYERS, FL 33905

**Title:** D  
**Name:** FRIEDMAN, MARK  
**Address:** 14691 DRAWDY RD  
**City-St-Zip:** FORT MYERS, FL 33905

I hereby 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 all other like empowered.

**SIGNATURE:** HARRIS L. FRIEDMAN

PD

01/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date