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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002669 (6)**

1. Corporation Name

THOMAS L. ALTMAN SCHOLARSHIP FUND FOR THE BENEFIT OF GLADES DAY SCHOOL, INC.

Principal Place of Business

Mailing Address

**1100 N MAIN STREET
SUITE 101
BELLE GLADE FL**

**1100 N MAIN STREET
SUITE 101
BELLE GLADE FL**

3. Date Incorporated or Qualified

05/09/1997

4. FEI Number

59-3477985

Applied For
Not Applicable

2. Principal Place of Business

21 Glades Day School Inc.

Suite, Apt. #, etc.

2a. Mailing Address

26 400 Gator Blvd.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

City & State

23 Belle Glade, FL

City & State

28 Belle Glade, FL

Zip

24 33430

Country

25 Palm Beach

Zip

29 33430

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMES P. COVEY, P.A.
1111 S FEDERAL HWY
SUITE 330
STUART FL 34994**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE
NAME **HERRING, JAMES M JR**
STREET ADDRESS **808 NE 2ND STREET**
CITY-ST-ZIP **BELLE GLADE FL 33430**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VCD** ☐ DELETE
NAME **PEREZ, MANDY**
STREET ADDRESS **400 NE AVENUE L**
CITY-ST-ZIP **BELLE GLADE FL 33430**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE
NAME **MARTHA LYNN THOMAS WEEKS**
STREET ADDRESS **POST OFFICE BOX 157**
CITY-ST-ZIP **LAKE HARBOR FL 33459**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **ALTMAN, THOMAS L**
STREET ADDRESS **1000 NE 2ND STREET**
CITY-ST-ZIP **BELLE GLADE FL 33430**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra M. Herring

CR2E037 (10/97)