

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90221 036 ****61.25

DOCUMENT # N98000000653

1. Entity Name

THE PARTNERSHIP ACADEMY OF THE GLADES, INC.

Principal Place of Business

Mailing Address

319 CLEMATIS ST., STE. 409
WEST PALM BEACH FL 33401

319 CLEMATIS ST., STE. 409
WEST PALM BEACH FL 33401-4618

2. Principal Place of Business

3. Mailing Address

101 N.W. Avenue C

101 N.W. Avenue C

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Belle Glade, Florida

City & State
Belle Glade, Florida

4. FEI Number
65-0819425

Applied For
Not Applicable

Zip
33430

Country
U.S.A.

Zip
U.S.A.

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLIGAN, ALPHONSO S
319 CLEMATIS ST., STE. 409
WEST PALM BEACH FL 33401

Name
Barbara F. Litinski

Street Address (P.O. Box Number is Not Acceptable)
136 South Hampton Drive

City
Jupiter

FL Zip Code
33458

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.

SIGNATURE *Barbara Litinski* EXECUTIVE DIRECTOR / Principal May 1, 2000
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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILLIGAN, ALPHONSO S
319 CLEMATIS ST., STE. 409
WEST PALM BEACH FL 33401 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CORBETT, JOHN
319 CLEMATIS ST., STE. 409
WEST PALM BEACH FL 33401 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
ELSA BALDWIN
1345 Vauxhall Circle
Belle Glade, Florida 33430 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WRIGHT, BRENDA
908 N.E. 25TH ST.
BELLE GLADE FL 33430 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
GWENDOLYN Calloway
440 Southeast 2nd Street
South Bay, Florida 33493 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HENRY, NORMA
305 MICHIGAN AVE.
DETROIT FL 48226 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Marilyn McGee
230 S.W. 11th Avenue
South Bay, Florida 33493 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOWDEN, WILLIAM
P.O. BOX 109600 (NA)
WEST PALM BEACH FL 33410-9600 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

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

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: *Barbara Litinski* May 1, 2000 \$61.993.5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)