

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 APR 18 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001249

1. Corporation Name

PALM GLADES PARENT GROUP, INC.

Principal Place of Business

850 PALM GLADES DR.  
BELLE GLADE FL 33430

Mailing Address

850 PALM GLADES DR.  
BELLE GLADE FL 33430



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Belle Glade, FL

24

33430

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

Country

3. Date Incorporated or Qualified

03/02/1998

SP

4. FEI Number

65-0840192

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ANDERSON, MICHELLE  
765 SW 10TH ST.  
BELLE GLADE FL 33430

10. Name and Address of New Registered Agent

81 Name

Shanetta Brock

82

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

2301 Glades Glen Drive

83

84 City

Belle Glade

FL

85 Zip Code

33430

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 *Shanetta C. Brock*

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

*Shanetta C. Brock*

(NOTE: Registered Agent signature required when reinstating)

9/5/00

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME ANDERSON, MICHELLE  
STREET ADDRESS 765 SW 10TH ST.  
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE DVP ☒ DELETE

NAME EARL, JANICE  
STREET ADDRESS 4201 NW 17TH ST.  
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE DAS ☒ DELETE

NAME BENJAMIN, KEISHA  
STREET ADDRESS 714 PALM GLADES DR.  
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE DAT ☒ DELETE

NAME DESIREE, SONIA  
STREET ADDRESS 715 PALM GLADES DR.  
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE T ☒ DELETE

NAME GARCIA, LETICIA  
STREET ADDRESS 316 NW AVE. F  
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE S ☒ DELETE

NAME BROWN, VIRGINIA  
STREET ADDRESS 808 NE 30TH ST.  
CITY-ST-ZIP BELLE GLADE FL 33430

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Shanetta Brock  
1.3 STREET ADDRESS 2301 Glades Glen Dr.  
1.4 CITY-ST-ZIP Belle Glade, FL 33430

2.1 TITLE DVP ☒ Change ☐ Addition

2.2 NAME Magdeline Diaz  
2.3 STREET ADDRESS 1491 N.W. 11th St  
2.4 CITY-ST-ZIP Belle Glade, FL 33430

3.1 TITLE DAS ☒ Change ☐ Addition

3.2 NAME Carmen Neal  
3.3 STREET ADDRESS 715 M.H.P. Lot 193  
3.4 CITY-ST-ZIP Belle Glade, FL 33430

4.1 TITLE DAT ☒ Change ☐ Addition

4.2 NAME Marie Willis  
4.3 STREET ADDRESS 14 Bethune Street  
4.4 CITY-ST-ZIP Belle Glade, FL 33430

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 10000407701-2  
5.3 STREET ADDRESS -04/25/01-01066-022  
5.4 CITY-ST-ZIP \*\*\*\*358.75 \*\*\*\*358.75

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, with all other like empowered.

SIGNATURE: *Shanetta C. Brock* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/5/00

(561) 996-9708

CR2E037 (5/99)