


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90014 039 *****70.00

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1. Entity Name
GLADES COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.



Principal Place of Business
**900 US HWY SW
 MOORE HAVEN, FL 33471**

Mailing Address
**POST OFFICE BOX 1003
 MOORE HAVEN, FL 33471**

40000712



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
65-0964989

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

BARTON, PEGGY
2020 OLD LAKEPORT RD LOT #23
MOORE HAVEN, FL 33471

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MARTZ, JOHN	
STREET ADDRESS	PO BOX 519	
CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DANNENHAUER, DAVID	
STREET ADDRESS	P.O. BOX 1592	
CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE	DR	<input checked="" type="checkbox"/> Delete
NAME	RADER, ROBERT	
STREET ADDRESS	12240 SCHOONER LN	
CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE	DR	<input checked="" type="checkbox"/> Delete
NAME	AHERN, JOHN	
STREET ADDRESS	P.O. BOX 176	
CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denise Holbrook	
STREET ADDRESS	4382 Indian Hills Dr.	
CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rhoda Planty	
STREET ADDRESS	2365 Hwy. 29 N.	
CITY-ST-ZIP	MOORE HAVEN, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Peggy Barton 1/5/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #