2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N99000006144



FILED Apr 06, 2006 8:00 am Secretary of State

1. Entity Name GLADES COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.							0-	4-06-2006	90007 0	41 ****61	1.25
Principal Place of Business 900 US HWY SW MOORE HAVEN, FL 33471		Mailing Address POST OFFICE BOX 1003 MOORE HAVEN, FL 33471				· • • • • • • • • • • • • • • • • • • •	En 180 1814 181		0) KYOTA BIRDI BIRG	ID N 481	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03092006 Ch	g-NP	CR2E03	7 (11/05)	
City & State			City & State			4. FEI Number Applied For 65–0964989 Not Applicate					
Zip Country		Zip Cou		ntry	5. Certificate of S			<u> </u>	\$8.75 Addi Fee Required		
6. Name and Address of Current Registered Agent							7. Name and Add	ress of New R	egistered A	gent	
BARTON, PEGGY 2020 OLD LAKEPORT RD LOT #23 MOORE HAVEN, FL 33471					Name Tracy Whirls Street Address (P.D. Box Number is Not Acceptable) 400 U.S. HWY. Z.T. Moore Haven City FL Zip Code 33471						
8. The above named entity submits this statement for the purpose of changing its registered office or registe the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tife of applicable. (NOTE: Registered Agent agriculture required)								the State of Flo	prida. I am I		
								4.5			
	_	pe is \$61.25 May 1, 2006	9. Election Car Trust Fund (!	\$5.00 May Be Added to Fees	Flor	rida Depar	t payable to timent of St	ate
10.	_		Trust Fund (. A	Added to Fees DDITIONS/CHANGE	Flor	rida Depar	tment of St	ate 10
10.	_	May 1, 2006	Trust Fund (11.	on.	A	Added to Fees DDITIONS/CHANGE	Flor ES TO OFFICE	rida Depar	RECTORS IN	10 Addition
TITLE NAME	Due by I	May 1, 2006 OFFICERS AND DI	Trust Fund (11.	on.	A	Added to Fees DDITIONS/CHANGE	Flor ES TO OFFICE	rida Depar	RECTORS IN	10 Addition
TITLE NAME STREET ADDRESS	DP MARTZ.	OFFICERS AND DII JOHN 519	Trust Fund (11. ITILE NAM	E ET ADDRESS	A	Added to Fees DDITIONS/CHANGE	Flor ES TO OFFICE	rida Depar	RECTORS IN	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTZ. PO BOX MOORE	May 1, 2006 OFFICERS AND DI	Trust Fund (11. HILL NAM STRE	ET ADDRESS	A	Added to Fees DDITIONS/CHANGE (AI FMAN ETYLEBY WIS REALE EWISTON, 1	Flores to OFFICE	RS AND DIE	TIMENT OF ST RECTORS IN Change Sugarla	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP MARTZ, PO BOX MOORE	OFFICERS AND DI JOHN 519 HAVEN, FL 33471	Trust Fund (11. ITILE NAM	E ET ADDRESS	CH Ch Ray Patt	Added to Fees DDITIONS/CHANGE (AI FMAN ETYL EBY WIS REALE EWISTON, F Y REGISTER	Flor ES TO OFFICE	RS AND DIE	RECTORS IN	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTZ, PO BOX MOORE	JOHN 519 HAVEN, FL 33471	Trust Fund (11. ITTLE NAM STRE CITY TITLE	E ET ADDRESS	CH Ch RA Patt Gat	Added to Fees DDITIONS/CHANGE (AI FMAN ETYL EBY WIS REALE EWISTON, I Y REGISTER OTAGNA	Flores to OFFICE	RS AND DIE	TIMENT OF ST RECTORS IN Change Sugarla	10 Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP MARTZ, PO BOX MOORE DT DANNEN P.O. BOX	JOHN 519 HAVEN, FL 33471	Trust Fund (11. HILL NAM STRE CITY HILL NAM STRE	ET ADDRESS -SI-ZIP	CH Ch RA Patt Gat	Added to Fees DDITIONS/CHANGE (AI FMAN ETYL EBY WIS REALE EWISTON, F Y REGISTER	Flores to OFFICE	rida Depar RS AND DII 128 E 1440 WAIT	TIMENT OF ST RECTORS IN Change Sugarla	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP MARTZ, PO BOX MOORE DT DANNEN P.O. BOX	JOHN 519 HAVEN, FL 33471 HAUER, DAVID (1592	Trust Fund (11. TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	CH Ch Rai Patt Gai	Added to Fees DDITIONS/CHANGI (AI FM AN ery Eby W/S REA! E WISTON, F Y REGISTER BOX 2 48 A dale, FL	Floresto OFFICE State, 5 T. VICE C 33944	rida Depar RS AND DII 728 E 3440 WAIT	TIMENT OF ST RECTORS IN Change Sugarla	10 Addition
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Interest certify that the information supplied with initial obes not quality for the example for changed in Calapia. This report or supplied with 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF SIGNATURE