


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90070 031 ****70.00

DOCUMENT # N99000006144					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0964989	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHIRLS, TRACY 900 US HWY 27 MOORE HAVEN, FL 33471			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBY, CHERYL		NAME	David Dannenhauer	
STREET ADDRESS	RAWLS REAL ESTATE 528 E SUGARLAND HWY		STREET ADDRESS	Mickey's Bait + Tackle, P.O. Box 1035	
CITY-ST-ZIP	CLEWISTON, FL 33440		CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE	RVC	<input checked="" type="checkbox"/> Delete	TITLE	RVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATOROMA, PATTY		NAME	Tommy Perry	
STREET ADDRESS	POB 248		STREET ADDRESS	Johnson Prewitt Engineering	
CITY-ST-ZIP	PALMDALE, FL 33944		CITY-ST-ZIP	P.O. Box 1029 CI Clewiston, FL 33440	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, KEVIN		NAME	Mark Morton	
STREET ADDRESS	3373 DELLWOOD TERR		STREET ADDRESS	by KES 3200 Bayshore Ste 20	
CITY-ST-ZIP	LABELLE, FL 33935		CITY-ST-ZIP	Naples, FL 34105	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLANTY, RHODA		NAME		
STREET ADDRESS	2365 HWY. 27 N.		STREET ADDRESS		
CITY-ST-ZIP	MOORE HAVEN, FL		CITY-ST-ZIP		
TITLE	ED	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHIRLS, TRACY		NAME		
STREET ADDRESS	900 US HWY 27		STREET ADDRESS		
CITY-ST-ZIP	MOORE HAVEN, FL 33471		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Tracy Whirls</i>			Date: 4/26/07 (863)946-0300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		