


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90408 030 ****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**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

03072008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0964989

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

WHIRLS, TRACY
900 US HWY 27
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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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	C	<input checked="" type="checkbox"/> Delete
NAME	DANNENHAUER, DAVID	
STREET ADDRESS	MICKEY'S BAIT & TACKLE PO BOX 1035	
CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE	VC	<input type="checkbox"/> Delete
NAME	PERRY, TOMMY	
STREET ADDRESS	JOHNSON PREWITT ENGINEERING	
CITY-ST-ZIP	CLEWISTON, FL 33440	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORTON, MARK	
STREET ADDRESS	3200 BAILEYLANE STE 120	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	S	<input type="checkbox"/> Delete
NAME	PLANTY, RHODA	
STREET ADDRESS	2365 HWY. 27 N.	
CITY-ST-ZIP	MOORE HAVEN, FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	WHIRLS, TRACY	
STREET ADDRESS	900 US HWY 27	
CITY-ST-ZIP	MOORE HAVEN, FL 33471	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perry, Tommy	
STREET ADDRESS	Chairman	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VC Mark Morton	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Planty, Rhoda	
STREET ADDRESS	treasurer	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Danielle Toms	
STREET ADDRESS	Secretary	
CITY-ST-ZIP	Glades Electric, Moore Haven	

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: Tracy Whirls **4/11/08** (863) 946-0300

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