

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709056

Entity Name: GLADES DAY SCHOOL, INC.**Current Principal Place of Business:**GLADES DAY SCHOOL, INC.
400 GATOR BLVD
BELLE GLADE, FL 33430**Current Mailing Address:**GLADES DAY SCHOOL, INC.
400 GATOR BLVD
BELLE GLADE, FL 33430 US**FEI Number:** 59-1101072**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LOHMANN, BRIAN R
1109 N.E. 2ND STREET
BELLE GLADE, FL 33430 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name HILLIARD, CHELSA
Address 5600 WEST U.S. HWY. 27
City-State-Zip: CLEWISTON FL 33440

Title T
Name LIVELY, DAVID
Address 1421 BACOM POINT ROAD
City-State-Zip: PAHOKEE FL 33476

Title P
Name LOHMANN, BRIAN
Address 1109 N.E. 2ND STREET
City-State-Zip: BELLE GLADE FL 33430

Title DIRECTOR
Name STEIN, TIM
Address POST OFFICE BOX 1092
City-State-Zip: BELLE GLADE FL 33430

Title VP
Name PERKINS, CLAUDIA
Address 17 NORTHEAST AVENUE E
City-State-Zip: BELLE GLADE FL 33430

Title DIRECTOR
Name KIRCHMAN, TIMMY
Address 1000 NE 3RD STREET
City-State-Zip: BELLE GLADE FL 33430

Title DIRECTOR
Name POPE, WALTER
Address POST OFFICE BOX 181
City-State-Zip: PAHOKEE FL 33430

Title DIRECTOR
Name WEEKS, STEPHEN
Address 601 NE 3RD STREET
City-State-Zip: BELLE GLADE FL 33430

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN R. LOHMANN**PRESIDENT****03/21/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ROBERTS, DONIA
Address	1355 VELDA WAY
City-State-Zip:	CLEWISTON FL 33414