

2019 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:**WEEKS, STEPHEN M
601 NE 3RD 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:** STEPHEN M WEEKS

02/27/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title	VP
Name	DAVIS, JAKE
Address	1110 NE 2ND STREET
City-State-Zip:	BELLE GLADE FL 33430

Title	DIRECTOR
Name	WILKINS, SCOTT
Address	13659 ISHNALA CIRCLE
City-State-Zip:	WELLINGTON FL 33414

Title	DIRECTOR
Name	DESROCHERS, SCOTT
Address	2543 BACOM POINT ROAD
City-State-Zip:	PAHOKEE FL 33476

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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: STEPHEN M. WEEKS

PRESIDENT

02/27/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SANCHEZ, WILLIAM W
Address	14366 CROWBERRY COURT
City-State-Zip:	WELLINGTON FL 33414