2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2015
Secretary of State
CC9212856053

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	P
Name	LOHMANN, BRIAN
Address	1109 N.E. 2ND STREET
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	POPE, WALTER
Address	POST OFFICE BOX 181
City-State-Zip:	PAHOKEE FL 33430

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

Title	DIRECTOR
Name	STEIN, TIM
Address	POST OFFICE BOX 1092
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	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 01/21/2015

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