


FILE NOW: FILING FEE IS \$61.25

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**May 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26257 (8)

1. Corporation Name
AIDS COALITION OF THE GLADES, INC.



Principal Place of Business 25 SE AVE E POST OFFICE BOX 1128 BELLE GLADE FL 33430 US	Mailing Address 25 SE AVE E POST OFFICE BOX 1128 BELLE GLADE FL 33430 US
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3. Date Incorporated or Qualified
05/04/1988

4. FEI Number
65-0154615

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No **na**

9. Name and Address of Current Registered Agent

**MONTGOMERY, THOMAS
1 SE AVE E
BELLE GLADE FL 33430**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **na**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIELS, SANDRA	1.2 NAME	
STREET ADDRESS	673 SE 6TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	1.4 CITY-ST-ZIP	Zip 33430
TITLE	DV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXINE JUMITA	2.2 NAME	Elsie Singletary
STREET ADDRESS	750 PALM BLVD	2.3 STREET ADDRESS	250 S. Lake Avenue
CITY-ST-ZIP	PAHOKEE FL	2.4 CITY-ST-ZIP	Pahokee, Florida 33476
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, NANCY	3.2 NAME	
STREET ADDRESS	667 SW 4TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	3.4 CITY-ST-ZIP	Zip 33430
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERIZARD, THOMAS	4.2 NAME	S/D
STREET ADDRESS	308 NW AVENUE K	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	4.4 CITY-ST-ZIP	Zip 33430
TITLE	DT	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, JANET	5.2 NAME	
STREET ADDRESS	146B WEYBRIDGE CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH FL	5.4 CITY-ST-ZIP	Zip 33411
TITLE	SO	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGLETARY, ELISIE	6.2 NAME	AS/D
STREET ADDRESS	250 S LAKE AVE	6.3 STREET ADDRESS	Monica Best Belle Glade
CITY-ST-ZIP	PAHOKEE FL	6.4 CITY-ST-ZIP	661 S. E.1st Street, Florida 33430

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra Daniels*

4/27/98

CR2E037 (10/97)

Additional Directors

FS/D

**Karis Engle
117 S. W. Avenue D
Belle Glade, Florida 33430**

P/D

**Peggy King
140 S. W. 12th Avenue
South Bay, Florida 33493**

H/D

**Mary Kannel
4661 120th Avenue N
Royal Palm Beach, Florida 33411**

C/D

**Eva Harris
616 Covenant Village, Apt F
Belle Glade, Florida 33430**

SEC/D

**Jessie Terry
625 S. W. Avenue C, Apt #1
Belle Glade, Florida 33430**