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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

DOCUMENT # N26257 (8)

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



Principal Place of Business Mailing Address

**25 SE AVE E
POST OFFICE BOX 1128
BELLE GLADE FL 33430
US**

**25 SE AVE E
POST OFFICE BOX 1128
BELLE GLADE FL 33430
US**

3. Date Incorporated or Qualified
05/04/1988

4. FEI Number **65-0154615**

Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip 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		
TITLE	PO	<input type="checkbox"/> DELETE
NAME	DANIELS, SANDRA	
STREET ADDRESS	673 SE 6TH ST	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MAXINE JUMITA	
STREET ADDRESS	750 PALM BLVD	
CITY-ST-ZIP	PAHOKEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, NANCY	
STREET ADDRESS	687 SW 4TH ST.	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHERIZARD, THOMAS	
STREET ADDRESS	308 NW AVENUE K	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LEWIS, JANET	
STREET ADDRESS	146B WEYBRIDGE CIR	
CITY-ST-ZIP	ROYAL PALM BCH FL	
TITLE	SO	<input checked="" type="checkbox"/> DELETE
NAME	SINGLETARY, ELISIE	
STREET ADDRESS	258 S LAKE AVE	
CITY-ST-ZIP	PAHOKEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Zip 33430	
2.1 TITLE	V/PC/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Elsie Singletary	
2.3 STREET ADDRESS	250 S. Lake Avenue	
2.4 CITY-ST-ZIP	Pahokee, Florida 33476	
3.1 TITLE	AT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	Zip 33430	
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	Zip 33430	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	Zip 33411	
6.1 TITLE	AS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Monica Best	
6.3 STREET ADDRESS	661 S. E.1st Street, Florida	
6.4 CITY-ST-ZIP	Belle Glade 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**