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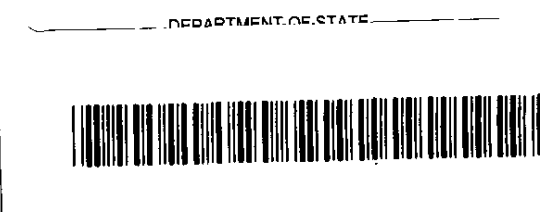
NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N26257**
 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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/04/1988
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	65-0154615
24	29	30

5. Certificate of Status Desired \$8.75 Addition. Fee Required

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PD	1.1 TITLE	
NAME	DANIELS, SANDRA	1.2 NAME	
STREET ADDRESS	673 SE 6TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	1.4 CITY-ST-ZIP	
TITLE	VDPC	2.1 TITLE	VDPC
NAME	SINGLETARY, ELSIE	2.2 NAME	Bain, Janice
STREET ADDRESS	250 S LAKE AVE	2.3 STREET ADDRESS	17524 - 083rd Place North
CITY-ST-ZIP	PAHOKEE FL 33476	2.4 CITY-ST-ZIP	Coahatchee, Florida 33470
TITLE	ATD	3.1 TITLE	ATD
NAME	SMITH, NANCY	3.2 NAME	Best, Monica
STREET ADDRESS	667 SW 4TH ST.	3.3 STREET ADDRESS	661 S. E. 1st Street
CITY-ST-ZIP	BELLE GLADE FL 33430	3.4 CITY-ST-ZIP	Belle Glade, Florida 33430
TITLE	SD	4.1 TITLE	SD
NAME	CHERIZARD, THOMAS	4.2 NAME	Moore, Felicia
STREET ADDRESS	308 NW AVENUE K	4.3 STREET ADDRESS	8765 Doveland Drive, Apt B
CITY-ST-ZIP	BELLE GLADE FL 33430	4.4 CITY-ST-ZIP	Pahokee, Florida 33476
TITLE	DT	5.1 TITLE	
NAME	LEWIS, JANET	5.2 NAME	
STREET ADDRESS	1468 WEYBRIDGE CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	5.4 CITY-ST-ZIP	
TITLE	ASD	6.1 TITLE	ASD
NAME	BEST, MONICA	6.2 NAME	Louissaint, Claircilia
STREET ADDRESS	661 SE 1ST STREET	6.3 STREET ADDRESS	416 S. W. Avenue C, Apt 9
CITY-ST-ZIP	BELLE GLADE FL 33430	6.4 CITY-ST-ZIP	Belle Glade, 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)(l), 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, with all other like empowered.

SIGNATURE: Sandra Daniels **REQUIRED** Date: 6/11/99 Daytime Phone #: 561-992-