

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26257

1. Entity Name

AIDS COALITION OF THE GLADES, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90010 017 ****61.25

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 33430-1128 US
--------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

4. FEI Number 65-0154615	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent MONTGOMERY, THOMAS 1 SE AVE E BELLE GLADE FL 33430

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

**FILE NOW:
FEE IS \$61.25**

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIELS, SANDRA 673 SE 6TH ST BELLE GLADE FL 33430 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDPC BAIN, JANICE 17524- 83RD PL N. LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD BEST, MONICA 661 SE FIRST ST BELLE GLADE FL 33430 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, FELICIA 8765 DOVELAND DR #B PAHOKEE FL 33476 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEWIS, JANET 146B WEYBRIDGE CIR ROYAL PALM BCH FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD LOUISSANT, CLAIRCILIA 416 SW AVE. 'C'- #9 BELLE GLADE FL 33430 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Peggy King 140 S. W. 12th Avenue South Bay, FL 33493 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD Ernestine Brown 1216 S. W. Avenue E Belle Glade, FL 33430 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra Daniels **REQUIRED** 5/24/00 996-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/99)