

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26257

**FILED**  
**Apr 12, 2013**  
**Secretary of State**  
**CC3414570433**

**Entity Name:** AIDS COALITION OF THE GLADES, INC.

**Current Principal Place of Business:**

673 SE 6TH STREET  
BELLE GLADE, FL 33430

**Current Mailing Address:**

P O BOX 1128  
BELLE GLADE, FL 33430

**FEI Number:** 65-0154615

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MONTGOMERY, THOMAS  
1 SE ML KING JR BLVD  
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 P  
Name STEWART, SANDRA D  
Address 673 SE 6TH ST  
City-State-Zip: BELLE GLADE FL 33430

Title VP  
Name SINGLETARY, ELSIE  
Address 250 SOUTH LAKE AVENUE  
City-State-Zip: PAHOKEE FL 33476

Title SEC  
Name JOHNSON, HENRIETTA  
Address P. O. BOX 1128  
City-State-Zip: BELLE GLADE FL 33430

Title ASEC  
Name MCGEE, JUANITA  
Address 288 BEGONIA DRIVE  
City-State-Zip: PAHOKEE FL 33476

Title TREA  
Name SMITH, NANCY  
Address 700 S. W. 10TH STREET  
City-State-Zip: BELLE GLADE FL 33430

Title ATRE  
Name WILLIAMS, MONICA  
Address P. O. BOX 1365  
City-State-Zip: INDIANTOWN FL 34956

Title PARLIAMENTARIAN  
Name RHODES, EDDIE L  
Address 732 S, W, 14TH STREET  
City-State-Zip: BELLE GLADE FL 33430

Title HISTORIAN  
Name LOUISSAINT, CLAIRCILIA  
Address P. O. BOX 1128  
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:** SANDRA DANIELS STEWART

**PRESIDENT**

**04/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            CHAPLIN  
Name            JONES, ETHA  
Address        1216 S. W. AVENUE B  
City-State-Zip: BELLE GLADE FL 33430

Title            OFFICER AT LARGE  
Name            BROWN, ERNESTINE  
Address        301 S. W. 10TH STREET  
City-State-Zip: BELLE GLADE FL 33430