FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR -6 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **757972** **(5)**

1. Corporation Name
SOUTH BAY-BELLE GLADE TARGET AREA GROUP, INC.

Principal Place of Business	Mailing Address
625 PALM BEACH ROAD SOUTH BAY FL 33493	625 PALM BEACH ROAD SOUTH BAY FL 33493

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1981
3a. Date of Last Report: 11/03/1994
4. FEI Number: 65-0151795 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$9.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☒ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

LENNON, MARGARET
1001 JASMAINE CT
SOUTH BAY FL 33493

10. Name and Address of New Registered Agent

81 Name: Wanda Ladouceur
82 Street Address (P.O. Box Number is Not Acceptable): 715 Mobile Home Park, Lot 258
83
84 City: Belle Glade **FL** 85 Zip Code: 33430

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Wanda Ladouceur — 1-30-95
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	C	1.1 TITLE	C	☒ Change ☐ Addition
NAME	LENNON, MARGARET	1.2 NAME	Wanda Ladouceur	
STREET ADDRESS	1001 JASMAINE CT	1.3 STREET ADDRESS	715 Mobile Home Park, Lot 258	
CITY-ST-ZIP	SOUTH BAY FL	1.4 CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	HARRIS, HESTER	2.2 NAME	Lula Mann	
STREET ADDRESS	235 SW 9TH ST	2.3 STREET ADDRESS	115 S.W. 5th Ave.	
CITY-ST-ZIP	SOUTH BAY FL	2.4 CITY-ST-ZIP	South Bay, FL 33493	
TITLE	ST	3.1 TITLE	ST	☒ Change ☐ Addition
NAME	GAINE, VICTRA	3.2 NAME	CYNTHIA CARTER	
STREET ADDRESS	673 SW 6TH ST., #4	3.3 STREET ADDRESS	140 S.W. 6th Ave.	
CITY-ST-ZIP	BELLE GLADE FL	3.4 CITY-ST-ZIP	South Bay, FL 33493	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	FIELDS, HATTIE	4.2 NAME	000001451840	
STREET ADDRESS	1808 ISLA AVE LAKE BREEZ	4.3 STREET ADDRESS	-04/10/95--01034--011	
CITY-ST-ZIP	BELLE GLADE FL	4.4 CITY-ST-ZIP	****130.00 ****130.00	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, MARY	5.2 NAME		
STREET ADDRESS	3059 ELDORODO DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	PAHOKEE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BUTTS, STELLA	6.2 NAME		
STREET ADDRESS	1511 N.W. AVE E.	6.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Wanda Ladouceur — 1-30-95 — 996-1812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061852