

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 757972 (5)

1. Corporation Name

SOUTH BAY-BELLE GLADE TARGET AREA GROUP, INC.



Principal Place of Business

**625 PALM BEACH ROAD
SOUTH BAY FL 33493**

Mailing Address

**625 PALM BEACH ROAD
SOUTH BAY FL 33493**

3. Date Incorporated or Qualified
05/11/1981

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0151795

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LADOUCEUR, WANDA
715 MOBILE HOME PARK
LOT 258
BELLE GLADE FL 33493**

81 Name

CYNTHIA MORGAN

82 Street Address (P.O. Box Number is Not Acceptable)

1101 ILEX STREET

83

SOUTH BAY FL, 33493

84

CITY SOUTH BAY

FL

85 Zip Code
33493

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

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/10/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C** ☒ DELETE
NAME **LADOUCEUR, WANDA**
STREET ADDRESS **715 MOBILE HOME PARK LOT 258**
CITY-ST-ZIP **BELLE GLADE FL 33493**

1.1 TITLE **C** ☒ Change ☐ Addition
1.2 NAME **CYNTHIA MORGAN**
1.3 STREET ADDRESS **1101 ILEX STREET**
1.4 CITY-ST-ZIP **SOUTH BAY, FL. 33430**

TITLE **V** ☒ DELETE
NAME **HARRIS, HESTER**
STREET ADDRESS **235 SW 9TH ST**
CITY-ST-ZIP **SOUTH BAY FL**

2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **ELOUISE WRISPER**
2.3 STREET ADDRESS **1149 S. W. AVE. J.**
2.4 CITY-ST-ZIP **BELLE GLADE, FL. 33430**

TITLE **ST** ☒ DELETE
NAME **CARTER, CYNTHIA**
STREET ADDRESS **140 SW 6TH AVE**
CITY-ST-ZIP **SOUTH BAY FL**

3.1 TITLE **S** ☒ Change ☐ Addition
3.2 NAME **NICY FULLER**
3.3 STREET ADDRESS **150 N.W. 12th AVE.**
3.4 CITY-ST-ZIP **SSOUTH BAY, FL. 33493**

TITLE **439** ☒ DELETE
NAME **FIELDS, HATTIE**
STREET ADDRESS **1808 ISLA AVE LAKE BREEZ**
CITY-ST-ZIP **BELLE GLADE FL**

4.1 TITLE **T** ☒ Change ☐ Addition
4.2 NAME **ERICA WILCOX**
4.3 STREET ADDRESS **633 S.W. 8th STREET #4**
4.4 CITY-ST-ZIP **BELLE GLADE, FL. 33430**

TITLE **D** ☒ DELETE
NAME **ALLEN, MARY**
STREET ADDRESS **3059 ELDORODO DR**
CITY-ST-ZIP **PAHOKEE FL**

5.1 TITLE **T** ☒ Change ☐ Addition
5.2 NAME **BURINE LANE**
5.3 STREET ADDRESS **949 S.W. AVE. C.PLACE #3**
5.4 CITY-ST-ZIP **BELLE GLADE, FL. 33430**

TITLE **D** ☒ DELETE
NAME **BUTTS, STELLA**
STREET ADDRESS **1511 N.W. AVE E.**
CITY-ST-ZIP **BELLE GLADE FL**

6.1 TITLE **T** ☒ Change ☐ Addition
6.2 NAME **CARTESIA JONES**
6.3 STREET ADDRESS **524 S.W. AVE. D. #3**
6.4 CITY-ST-ZIP **BELLE GLADE, FL. 33430**

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)(k), 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 registered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

Date

407-996-0660

Daytime Phone #

CR2E037 (12/95)