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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
625 PALM BEACH ROAD SOUTH BAY FL 33493	625 PALM BEACH ROAD SOUTH BAY FL 33493-2101

3. Date Incorporated or Qualified: 05/11/1981
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

CYNTHIA MORGAN
1101 ILEX STREET
LOT 258
SOUTH BAY FL 33493

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☒ DELETE	1.1 TITLE	C	☒ Change ☐ Addition
NAME	CYNTHIA MORGAN		1.2 NAME	Nicy Fuller	
STREET ADDRESS	1101 ILEX ST		1.3 STREET ADDRESS	150 N. W. 12 Ave.	
CITY-ST-ZIP	SOUTH BAY F		1.4 CITY-ST-ZIP	South Bay, Fl. 33493	
TITLE	V	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	ELOUISE WRISPER		2.2 NAME	Lena Jefferson	
STREET ADDRESS	1149 SW AVE J		2.3 STREET ADDRESS	501 South Shore Village	
CITY-ST-ZIP	BELLE GLADE FL		2.4 CITY-ST-ZIP	Clewiston, Fl. 33440	
TITLE	S	☒ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	NICY FULLER		3.2 NAME	Elouise Wrisper	
STREET ADDRESS	150 NW 12TH AVE		3.3 STREET ADDRESS	1149 S. W. Ave. J.	
CITY-ST-ZIP	SOUTH BAY FL		3.4 CITY-ST-ZIP	Belle Glade, Fl. 33430	
TITLE	T	☐ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	ERICA WILCOX		4.2 NAME	Erica Wilcox	
STREET ADDRESS	633 SW 8TH STREET, #4		4.3 STREET ADDRESS	633 S. W. 8th Street, #4	
CITY-ST-ZIP	BELLE GLADE FL		4.4 CITY-ST-ZIP	Belle Glade, Fl. 33430	
TITLE	T	☒ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	BURINE LANE		5.2 NAME	Tonya Felton	
STREET ADDRESS	949 SW AVENUE C, PLACE #3		5.3 STREET ADDRESS	1603 Glades Glen Dr.	
CITY-ST-ZIP	BELLE GLADE FL		5.4 CITY-ST-ZIP	Belle Glade, Fl. 33430	
TITLE	T	☐ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME	CARTESIA JONES		6.2 NAME	Cartesia Jones	
STREET ADDRESS	524 SW AVE. D, #3		6.3 STREET ADDRESS	524 S. W. Ave. D. #3	
CITY-ST-ZIP	BELLE GLADE FL		6.4 CITY-ST-ZIP	Belle Glade, Fl. 33430	

CR2E037 (9/96)

14. I do 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 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: Nicy Fuller Nicy Fuller April 24 1997