

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 05/11/1981
4. FEI Number 65-0151795
Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CYNTHIA MORGAN
1101 ILEX STREET
LOT 258
SOUTH BAY FL 33493**

81 Name Singletary, Verlencia
82 Street Address (P.O. Box Number is Not Acceptable) 245 S.W. 7th Ave
83
84 City South Bay
85 Zip Code FL 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 *Verlencia Singletary*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/98

12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FULLER, NICY 150 NW 12 AVE SOUTH BAY FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JEFFERSON, LENA 501 SOUTH SHORE VILLAGE CLEWISTON FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WRISPER, ELOUISE 1149 SW AVE J BELLE GLADE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ERICA WILCOX 633 SW 8TH STREET, #4 BELLE GLADE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FELTON, TONYA 1603 GLADES GLEN DR BELLE GLADE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTESIA JONES 524 SW AVE. D, #3 BELLE GLADE FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	C Singletary, Verlencia 703 Oak Ct. South Bay, FL 33493	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V Lennon, Margaret 2102 Hibiscus Ct. South Bay, FL 33493	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S Fuller, Lana 310 S.E. 2nd St. South Bay, FL 33493	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T Hawkins, Angela 902 Jasmin Ct. South Bay, FL 33493	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T Jefferson, Lena 501 South Shore Village Clewiston, FL 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	T Jones, Cartesia 524 S.W. Ave D, #3 Belle Glade, FL 33430	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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:

Verlencia Singletary

3/16/98

CP2E037 (10/97)