

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90029 048 \*\*\*\*61.25

<b>DOCUMENT # 757972</b>			
1. Entity Name <b>SOUTH BAY-BELLE GLADE TARGET AREA GROUP, INC.</b>			
Principal Place of Business <b>PALM COUNTY HEAD START SOUTH BAY FL 33493</b>		Mailing Address <b>990 US 27 NORTH SOUTH BAY FL 33493</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>65-0151795</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CLARK, PAMELA 250 SW 9TH N AVE SOUTH BAY FL 33493</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT CLARK, PAMELA 250 SW 9TH N AVE SOUTH BAY FL 33493 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT Veronica Blackmon 270 SW 10th Ave South Bay, FL. 33493 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCT CONKY, JRAQUANDA 199 HARRELL DR SOUTH BAY FL 33493 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCT Irene Rodriguez 940 NE 27th St Belle Glade, FL. 33430 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST VAZQUEZ, CONNIE 950 OLD US HWY 27 SOUTH BAY FL 33493 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MARY HARVEY 625 SW Ave C Apt 1 Belle Glade, FL. 33430 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T THOMPSON, REGINA 120 NW 3RD AVE SOUTH BAY FL 33493 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SONIA SINGLETARY 245 SW 7th Ave South Bay, FL. 33493 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT BLACKMON, VERONICA 220 SW 12TH AVE SOUTH BAY FL 33493 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT CONNIE VAZQUEZ 950 Old US 27 N. Lt #25 South Bay, FL. 33493 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC JARRELL, MARY 1150 PALM BEACH RD #26 SOUTH BAY FL 33493 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC CHARLOTTE HARRIS 62 Roosevelt St Belle Glade, FL. 33430 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Veronica Blackmon* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** *03/2/04* **Daytime Phone #** *992-4286*