


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90016 007 ****61.25

| | |
|--|---|
| DOCUMENT # 757972 1. Entity Name SOUTH BAY-BELLE GLADE TARGET AREA GROUP, INC. |  |
|--|---|

| | |
|---|--|
| Principal Place of Business PALM BEACH COUNTY HEAD START SOUTH BAY FL 33493 | Mailing Address 990 US 27 NORTH SOUTH BAY FL 33493 |
|---|--|

| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

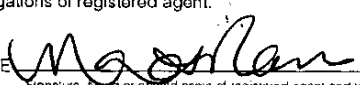
| | |
|---|--|
| 4. FEI Number 65-0151795 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |



1st MOORE CR2E037 (10/06)

| |
|---|
| 6. Name and Address of Current Registered Agent WALKER, TAWANNA 311 RUNYON VILLAGE BELLE GLADE FL 33430 |
|---|

| |
|--|
| 7. Name and Address of New Registered Agent Name Nadia Ramos Street Address (P.O. Box Number is Not Acceptable) 950 U.S. Hwy 97 N Pt. B-3 City South Bay FL 33430 |
|--|

| |
|--|
| 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  DATE 4/29/07 (NOTE: Registered Agent signature required when reinstating) |
|--|

| | | |
|--|--|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CT WLAKER, TAWANNA 311 RUNYON VILLAGE BELLE GLADE FL 33430 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCT DENNARD, SHARON 115 NW 12TH ST. SOUTH BAY FL 33430 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST JOHNSON, GERALDINE 204 SW 5TH AVE SOUTH BAY FL 33430 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST JACKSON, JACQUELINE P.O. BOX 161 LAKE HARBOR FL 33459 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROLLE, ERIKA 144 EAST CANAL ST BELLE GLADE FL 33430 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PC LEWIS, DOROTHY 616 G COVENANT DR BELLE GLADE FL 33430 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CT Ramos, Nadia 950 U.S. Hwy 97 N. Pt. B-3 South Bay, FL 33493 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCT Bolanos, Juanita 140 S.E. 23rd St. Belle Glade, FL 33430 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST Angel Williams 1316 S.W. Ave C. Place Belle Glade, FL 33430 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST Brown, Shawanna 420 S.W. 82nd Ave South Bay, FL 33493 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Johnson, Jeraldine 204 S.W. 5th Ave South Bay, FL 33493 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PC Lewis, Dorothy 616 G. Covenant Dr. Belle Glade, FL 33430 <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  DATE 4/29/07 |
|--|