



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90257 047 \*\*\*\*70.00

<b>DOCUMENT # 757972</b> 1. Entity Name <b>SOUTH BAY-BELLE GLADE TARGET AREA GROUP, INC.</b>					
Principal Place of Business <b>PALM BEACH COUNTY HEAD START</b> <b>SOUTH BAY, FL 33493</b>			Mailing Address <b>990 US 27 NORTH</b> <b>SOUTH BAY, FL 33493</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country			
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>RAMOS, NADIA</b> <b>950 U.S. HWY 27 N PT. B-3</b> <b>SOUTH BAY, FL 33430</b>			7. Name and Address of New Registered Agent Name <b>Dionne Tolbert</b> Street Address (P.O. Box Number is Not Acceptable) <b>148 N.W. 16th St.</b> City <b>Belle Glade</b> <b>FL</b> Zip Code <b>33430</b>		
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 <u><i>Dionne Tolbert</i></u> <span style="float: right;">4/30/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT RAMOS, NADIA 950 U.S. HWY 27 N. PT B-3 SOUTH BAY, FL 33493	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT Dionne Tolbert 148 N.W. 16th St Belle Glade, FL 33430	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT BOLANOS, JUANITA 740 S.E. 2ND ST BELLE GLADE, FL 33430	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, ANGEL 1316 S.W. AVE G PLACE BELLE GLADE, FL 33430	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Cedrica Williams 518 S.W. 3rd St. Belle Glade, FL 33430	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BROWN, SHAWANNE 420 SW 2ND AVE SOUTH BAY, FL 33493	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST Teka Nelson 95 Davis St. Belle Glade, FL 33430	<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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Shavonda Smith 623 Covenant Dr. Belle Glade, FL 33430	<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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC Albert Dowdell 316 N.W. 12th Dr. 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 exemptions contained in Chapter 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: <u><i>Dionne Tolbert</i></u> <span style="float: right;">4/30/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					