## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 757972  1. Entity Name SOUTH BAY-BELLE GLADE TARGET AREA GROUP, INC.							4	05-05-20	08 90257 (	)47 ****70	.00	
			Address 27 NORTH BAY, FL 33493				<b>B</b> irii J <b>esis</b> (Bii) (6	I BEB EEDE BIBII BEBEE	BIBIK BEBUK BIBIK BEB	III NE NI IKNI		
2. Principal Place of Business - No P.O. Box # 3			3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					04292008	Chg-NP	CR2E	(12/06)		
City & State		City & State					4. FEI Numbe 65-015				oplied For	
Zip	Country	Zip		Cou	ntry		5. Certificate	of Status Des	ired	\$8.75 Add	ditional	
	6. Name and Address of Current	t Registered A	gent				7. Name and	Address of N	- lew Registere	d Agent		
DALLOG A	14014				Name	Dia	nne T	Tolbe	r+			
RAMOS, NADIA				ŀ	Street A		P.O. Box Numbe		<del> 1</del>			
950 U.S. HWY 27 N PT. B-3 SOUTH BAY, FL 33430					00017		,		· · · · · · · · · · · · · · · · · · ·			
SOUTH BAT, FL 33430					14	8 r	1. Kl. 1	leth.	<u>St.</u>	•		
					City	cityBelle Glade FL 33430						
	named entity submits this statement for	or the purpose	of changing its re	egistere	d office o	r register	ed agent, or boti	n, in the State	of Florida. I a	m familiar with,	and accept	
u ie obligai	tions of registered agent.								/			
SIGNATURE Duronne Jacke 4/30/08												
SIGNATORE	Signature, typed or printed name of registered agen	t and title it sonlicabl	e (NOTE:	Registerer	t Agent signat		when reinstating)		DATE			
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12. Thereby certify that the information supplied with this tiling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/30/08

Daytime Phone #