

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N26257** (8)

95 JUN 21 AM 10:02

1. Corporation Name
AIDS COALITION OF THE GLADES, INC.

Principal Place of Business Mailing Address
25 SE AVE E PO BOX 1128
POST OFFICE BOX 1128 BELLE GLADE FL 33430
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/04/1988** 3a. Date of Last Report **07/05/1994**

4. FEI Number **65-0154615** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

21. Suite, Apt. #, etc. 2a. Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

22. City & State 27. City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONTGOMERY, THOMAS
1 SE AVE E
BELLE GLADE FL 33430

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]*

6-2-95

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	DANIELS, SANDRA
STREET ADDRESS	672 S.W. 9TH ST.
CITY - ST - ZIP	BELLE GLADE FL
TITLE	DV
NAME	WARREN, JUANITA
STREET ADDRESS	750 PALM BLVD
CITY - ST - ZIP	BELLE GLADE FL
TITLE	D
NAME	SMITH, NANCY
STREET ADDRESS	667 SW 4TH ST.
CITY - ST - ZIP	BELLE GLADE FL
TITLE	D
NAME	BROWN, EARNESTINE
STREET ADDRESS	624B COVENANT DR
CITY - ST - ZIP	BELLE GLADE FL
TITLE	DT
NAME	LEWIS, JANET
STREET ADDRESS	1468 WEYBRIDGE CIR
CITY - ST - ZIP	ROYAL PALM BCH FL
TITLE	SD
NAME	HALDEMAN, SANDY
STREET ADDRESS	201 S.W. AVE. D
CITY - ST - ZIP	BELLE GLADE FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S/D
6.3 STREET ADDRESS	Elsie Singletary
6.4 CITY - ST - ZIP	250 South Lake Avenue Pahokee, Florida 33476

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 10.07(3)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/95 407996-1600
Date Daytime Phone #

N26257

ADDITIONAL BOARD MEMBERS

D
Peggy King
P. O. Box 2072
609 South West 43th Street
Belle Glade, Florida 33430

D
Mary Kannel
25 South East Avenue E, Suite 1
Belle Glade, Florida 33430

(Addition)