

**FILE NOW: FILING FEE IS \$61.25**

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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N26257** (8)  
1. Corporation Name  
**AIDS COALITION OF THE GLADES, INC.**



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

3. Date Incorporated or Qualified: 05/04/1988  
3a. Date of Last Report: 06/21/1995  
4. FEI Number: 65-0154615  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, Suite, Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25  
2a. Mailing Address: 26, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

9. Name and Address of Current Registered Agent  
**MONTGOMERY, THOMAS**  
1 SE AVE E  
BELLE GLADE FL 33430

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* June 26, 1996  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DANIELS, SANDRA	
STREET ADDRESS	<del>672 S W 4TH ST</del> 673 S. E. 6th Street	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MAYBIN, WARREN, JUANITA	
STREET ADDRESS	745 PALM BLVD	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, NANCY	
STREET ADDRESS	667 SW 4TH ST.	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, EARNESTINE	
STREET ADDRESS	6258 COVENANT DR	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LEWIS, JANET	
STREET ADDRESS	146B WEYBRIDGE CIR	
CITY-ST-ZIP	ROYAL PALM BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SINGLETARY, ELSIE	
STREET ADDRESS	250 S LAKE AVE	
CITY-ST-ZIP	PAHOKEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Mailing Address: P.O. Box 2113
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(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: *Sandra Daniels* June 14, 1996 561996 1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

*[Handwritten initials]*

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ADDITIONAL OFFICERS/DIRECTORS

Peggy King	140 S. W. 12th Avenue	Southbay, Florida 33493
Mary Kannel	25 S. E. Martin Luther Blvd	Belle Glade, Fl 33430
Karis Engel	117 S. W. Avenue D	Belle Glade, Fl 33430
Eva Harris	616F Covenant Drive	Belle Glade, Fl 33430
Jessie Terry	625 S. W. Avenue C Apartment #1	Belle Glade, Fl 33430