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Jul 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 POST OFFICE BOX 1128 BELLE GLADE FL 33430-1128 US
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3. Date Incorporated or Qualified 05/04/1988	3a. Date of Last Report 07/18/1996
4. FEI Number 65-0154615	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
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
FL 85 Zip Code

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, 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	672 S.W. 5TH ST P. O. Box 2113
CITY-ST-ZIP	BELLE GLADE FL 33430
TITLE	DV <input type="checkbox"/> DELETE
NAME	Maybin, JUANITA
STREET ADDRESS	750 PALM BLVD
CITY-ST-ZIP	BELLE GLADE FL 33430
TITLE	D <input type="checkbox"/> DELETE
NAME	SMITH, NANCY
STREET ADDRESS	667 SW 4TH ST.
CITY-ST-ZIP	BELLE GLADE FL 33430
TITLE	D <input type="checkbox"/> DELETE
NAME	Thomas Cherizard
STREET ADDRESS	BROWN, EARNESHINE
CITY-ST-ZIP	024B GOVERNMENT DR BELLE-GLADE-FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	LEWIS, JANET
STREET ADDRESS	146B WEYBRIDGE CIR
CITY-ST-ZIP	ROYAL PALM BCH FL 33411
TITLE	SD <input type="checkbox"/> DELETE
NAME	SINGLETARY, ELSIE
STREET ADDRESS	250 S LAKE AVE
CITY-ST-ZIP	PAHOKEE FL 33476

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	673 S.E. 6th Street
1.4 CITY-ST-ZIP	Belle Glade, FL 33430
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	D
4.3 STREET ADDRESS	Thomas Cherizard
4.4 CITY-ST-ZIP	308 N. W. Avenue K Belle Glade, FL 33430
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)

ADDITIONAL BOARD MEMBERS:

D
Karis Engle
117 S. W. Avenue D
Belle Glade, Florida 33430

D
Peggy King
140 S. W. 12th Avenue
South Bay, Florida 33493

D
Mary Piper Kannel
4661 120th Avenue N
Royal Palm Beach, Fl 33411

D
Eva Harris
616 Covenant Drive, Apt F
Belle Glade, Fl 33430

D
Jessie P. Terry
625 S. W. Avenue C, Apt #1
Belle Glade, Fl 33430