


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

**FILED**

**May 11 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>25 SE AVE E POST OFFICE BOX 1128 BELLE GLADE FL 33430 US</b>	Mailing Address <b>25 SE AVE E POST OFFICE BOX 1128 BELLE GLADE FL 33430 US</b>
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3. Date Incorporated or Qualified  
**05/04/1988**

4. FEI Number <b>65-0154615</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No **na**

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

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 **na**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DANIELS, SANDRA</b>	1.2 NAME	
STREET ADDRESS	<b>673 SE 6TH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLE GLADE FL</b>	1.4 CITY-ST-ZIP	<b>Zip 33430</b>
TITLE	<b>DV</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAXINE JUMITA</b>	2.2 NAME	<b>Elsie Singletary</b>
STREET ADDRESS	<b>750 PALM BLVD</b>	2.3 STREET ADDRESS	<b>250 S. Lake Avenue</b>
CITY-ST-ZIP	<b>PAHOKEE FL</b>	2.4 CITY-ST-ZIP	<b>Pahokee, Florida 33476</b>
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SMITH, NANCY</b>	3.2 NAME	
STREET ADDRESS	<b>687 SW 4TH ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLE GLADE FL</b>	3.4 CITY-ST-ZIP	<b>Zip 33430</b>
TITLE	<b>D</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHERIZARD, THOMAS</b>	4.2 NAME	<b>S/D</b>
STREET ADDRESS	<b>308 NW AVENUE K</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLE GLADE FL</b>	4.4 CITY-ST-ZIP	<b>Zip 33430</b>
TITLE	<b>DT</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEWIS, JANET</b>	5.2 NAME	
STREET ADDRESS	<b>146B WEYBRIDGE CIR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROYAL PALM BCH FL</b>	5.4 CITY-ST-ZIP	<b>Zip 33411</b>
TITLE	<b>SO</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SINGLETARY, ELISIE</b>	6.2 NAME	<b>AS/D</b>
STREET ADDRESS	<b>250 S LAKE AVE</b>	6.3 STREET ADDRESS	<b>Monica Best Belle Glade</b>
CITY-ST-ZIP	<b>PAHOKEE FL</b>	6.4 CITY-ST-ZIP	<b>661 S. E.1st Street, Florida 33430</b>

14. I 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.

SIGNATURE: *Sandra Daniels*

4/27/98

CR2E037 (10/97)

**Additional Directors**

**FS/D**

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

**P/D**

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

**H/D**

**Mary Kannel  
4661 120th Avenue N  
Royal Palm Beach, Florida 33411**

**C/D**

**Eva Harris  
616 Covenant Village, Apt F  
Belle Glade, Florida 33430**

**SEC/D**

**Jessie Terry  
625 S. W. Avenue C, Apt #1  
Belle Glade, Florida 33430**