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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N26257

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

3. Date Incorporated or Qualified
05/04/1988

4. FEI Number
65-0154615

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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	PD		
NAME	DANIELS, SANDRA		
STREET ADDRESS	673 SE 6TH ST		
CITY-ST-ZIP	BELLE GLADE FL 33430		
TITLE	VDPC	<input checked="" type="checkbox"/>	DELETE
NAME	SINGLETARY, ELSIE		
STREET ADDRESS	250 S LAKE AVE		
CITY-ST-ZIP	PAHOKEE FL 33476		
TITLE	ATD	<input checked="" type="checkbox"/>	DELETE
NAME	SMITH, NANCY		
STREET ADDRESS	667 SW 4TH ST.		
CITY-ST-ZIP	BELLE GLADE FL 33430		
TITLE	SD	<input checked="" type="checkbox"/>	DELETE
NAME	CHERIZARD, THOMAS		
STREET ADDRESS	308 NW AVENUE K		
CITY-ST-ZIP	BELLE GLADE FL 33430		
TITLE	DT	<input type="checkbox"/>	DELETE
NAME	LEWIS, JANET		
STREET ADDRESS	1468 WEYBRIDGE CIR		
CITY-ST-ZIP	ROYAL PALM BCH FL 33411		
TITLE	ASD	<input checked="" type="checkbox"/>	DELETE
NAME	BEST, MONICA		
STREET ADDRESS	661 SE 1ST STREET		
CITY-ST-ZIP	BELLE GLADE FL 33430		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		<input type="checkbox"/> Change <input type="checkbox"/>	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VDPC	<input checked="" type="checkbox"/>	Change
2.2 NAME	Bain, Janice		
2.3 STREET ADDRESS	17524 - 083rd Place North		
2.4 CITY-ST-ZIP	Coahatchee, Florida 33470	<input checked="" type="checkbox"/>	Change
3.1 TITLE	ATD		
3.2 NAME	Best, Monica		
3.3 STREET ADDRESS	661 S. E. 1st Street		
3.4 CITY-ST-ZIP	Belle Glade, Florida 33430	<input checked="" type="checkbox"/>	Change
4.1 TITLE	SD		
4.2 NAME	Moore, Felicia		
4.3 STREET ADDRESS	8765 Doveland Drive, Apt B		
4.4 CITY-ST-ZIP	Pahokee, Florida 33476	<input type="checkbox"/>	Change
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	ASD	<input checked="" type="checkbox"/>	Change
6.2 NAME	Louissaint, Claircilia		
6.3 STREET ADDRESS	416 S. W. Avenue C, Apt 9		
6.4 CITY-ST-ZIP	Belle Glade, Florida 33430		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Sandra Daniels **REQUIRED** Date: 6/11/99 Daytime Phone #: 561-992-