

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26257

1. Entity Name

AIDS COALITION OF THE GLADES, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90010 017 ****61.25

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

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
65-0154615	Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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MONTGOMERY, THOMAS 1 SE AVE E BELLE GLADE FL 33430
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Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE	PD	<input type="checkbox"/> Delete
NAME	DANIELS, SANDRA	
STREET ADDRESS	673 SE 6TH ST	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	VDPC	<input type="checkbox"/> Delete
NAME	BAIN, JANICE	
STREET ADDRESS	17524- 83RD PL N.	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	ATD	<input type="checkbox"/> Delete
NAME	BEST, MONICA	
STREET ADDRESS	661 SE FIRST ST	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, FELICIA	
STREET ADDRESS	8765 DOVELAND DR #B	
CITY-ST-ZIP	PAHOKEE FL 33476	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD
STREET ADDRESS	Peggy King
CITY-ST-ZIP	140 S. W. 12th Avenue South Bay, FL 33493

TITLE	DT	<input type="checkbox"/> Delete
NAME	LEWIS, JANET	
STREET ADDRESS	146B WEYBRIDGE CIR	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	LOUISSANT, CLAIRCILIA	
STREET ADDRESS	416 SW AVE. 'C' - #9	
CITY-ST-ZIP	BELLE GLADE FL 33430	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASD
STREET ADDRESS	Ernestine Brown
CITY-ST-ZIP	1216 S. W. Avenue E Belle Glade, FL 33430

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
	<i>Sandra Daniels</i>	5/24/00	996-1600

CF2E037 (9/99)