

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91219 006 \*\*\*\*61.25

**DOCUMENT # N26257**

1. Entity Name

**AIDS COALITION OF THE GLADES, INC.**

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  
 US

**551345**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0154615**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONTGOMERY, THOMAS**  
**1 SE AVE E**  
**BELLE GLADE FL 33430**

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

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	ATD	<input type="checkbox"/> Delete
NAME	BEST, MONICA	
STREET ADDRESS	661 SE FIRST ST	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KING, PEGGY	
STREET ADDRESS	140 SW 12TH AVE	
CITY-ST-ZIP	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 type="checkbox"/> Delete
NAME	BROWN, ERNESTINE	
STREET ADDRESS	1216 SW AVE E	
CITY-ST-ZIP	BELLE GLADE FL 33430	

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	<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	

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: *[Handwritten Signature]*

5/1/01 561.996-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)

Document #  
126257

Additional Officers

PD

Betty Baker  
673 S. E. 6th Street  
Belle Glade, Florida 33430

55/345

HD

Claircilia Louissaint  
38754 State Road 80  
Belle Glade, Florida 33430

PCD

Pastor Paula McDonald  
604 Palm Glades Drive  
Belle Glade, Florida 33430

CD

Minister Eva Harris  
#616 Covenant Drive, Apt F  
Belle Glade, Florida 33430

SECD

Juanita Maybin  
745 Palm Blvd  
East Lake Village  
Pahokee, Florida 33476

PCD

Etha Jones  
1216 S. W. Avenue B  
Belle Glade, Florida 33430

APCD

Clarence Anthony Jr  
146-B Weybridge Circle  
Royal Palm Beach, Florida 33411