

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26257

FILED
Apr 26, 2011
Secretary of State

Entity Name: AIDS COALITION OF THE GLADES, INC.

Current Principal Place of Business:

673 SE 6TH STREET
BELLE GLADE, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1128
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 65-0154615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MONTGOMERY, THOMAS
1 SE ML KING JR BLVD
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: DANIELS, SANDRA
Address: 673 SE 6TH ST
City-St-Zip: BELLE GLADE, FL 33430

Title: VP
Name: SINGLETARY, ELSIE
Address: 250 SOUTH LAKE AVENUE
City-St-Zip: PAHOKEE, FL 33476

Title: SEC
Name: BROWN, EARNESTINE
Address: 301 NORTH 10TH STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: ASEC
Name: MCGEE, JUANITA
Address: 288 BEGONIA DRIVE
City-St-Zip: PAHOKEE, FL 33476

Title: TREA
Name: VEREEN, JULIA
Address: 648 SW 3RD STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: ATRE
Name: RAINS, MYRTLE
Address: 1301 S. W. AVENUE C PLACE
City-St-Zip: BELLE GLADE, FL 33430

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA DANIELS-STEWART

PRES

04/26/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date