

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26257

FILED  
Apr 25, 2012  
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: STEWART, SANDRA D  
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

P

04/25/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date