## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N26257

Apr 25, 2012 Secretary of State

Entity Name: AIDS COALITION OF THE GLADES, INC.

US

**Current Principal Place of Business: New Principal Place of Business:** 

673 SE 6TH STREET

BELLE GLADE, FL 33430 US

**Current Mailing Address: New Mailing Address:** 

P O BOX 1128

BELLE GLADE, FL 33430

FEI Number: 65-0154615 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:**

STEWART, SANDRA D Name: Address: 673 SE 6TH ST City-St-Zip: BELLE GLADE, FL 33430

Title:

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

Title: SEC

BROWN, EARNESTINE Name: 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 648 SW 3RD STREET Address: BELLE GLADE, FL 33430 City-St-Zip:

Title:

RAINS, MYRTLE Name:

Address: 1301 S. W. AVENUE C PLACE BELLE GLADE, FL 33430 City-St-Zip:

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 Ρ 04/25/2012