

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91405 034 \*\*\*\*61.25

UBR1120

**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**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0154615**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DANIELS, SANDRA 673 SE 6TH ST BELLE GLADE FL 33430</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDPC BAIN, JANICE 17524- 83RD PL N. LOXAHATCHEE FL 33470</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ATD BEST, MONICA 661 SE FIRST ST BELLE GLADE FL 33430</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KING, PEGGY 140 SW 12TH AVE SOUTH BAY FL 33493</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT LEWIS, JANET 146B WEYBRIDGE CIR ROYAL PALM BCH FL 33411</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD BROWN, ERNESTINE 1216 SW AVE E BELLE GLADE FL 33430</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sandra Daniels*      4/27/03      561 992-1033

CR2E037 (10/02)

ATTACHMENT  
26040963

Additional Officers

N26257

PD

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

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