FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Jun 18 1998 8:00am Secretary of State

DOCUMENT #	N97000005646	(1))

1. Corporation	Name		11)							
THE EDGE CENTER, INC.										
11166	JOE OLIVICIII INO.						Í TORUHIÐA DAÐ AÐUL HÐÐUR ÐÐUR DÐRÐU DÐR	ile ka int ak ibi balib Ak	ATE BEING BEIN (BB)	
Principal Place of Business Mailing Address							, , , , , , , , , , , , , , , , , , , ,		717 41619 6111 (66 1	
425 WEST CANAL STREET NORTH 425 WEST CANAL STREET N			NORTH	ORTH		3. Date Incorporated or Qualified				
BELLE GLADE FL \$3430 BELLE GLADE FL 33430				10/06/1997						
							A CCI Mank on		Applied For	
							65-0748794		Not Applicable	
	ace of Business		Mailing Address	700			5. Certificate of Status Desired		5 Additional	
26			<u> 193 </u>					Required		
22 Suite, Apr	π, ψ (C.	27	Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution		May Be	
City & State		21	City & State				Trust Fund Contribution			
23		28					Yes No			
Zip	Country		Zip Country				8. This corporation owes or has paid the current year Intangible			
24	25		<i>33430-0793</i>	30 U.S.	<u> </u>		Personal Property Tax due June 3		No No	
	9. Name and Address of Current	Regist	tered Agent	81	Name		10. Name and Address of New Regi	stered Agent		
ACIDEDI	AADI			8'	Name					
SEIBERT				82	Street	Addres	ss (P.O. Box Number is Not Acceptable	э)		
	ST CANAL STREET NORTH BLADE FL 33430			83						
DELLE G	ILADE FL 33430									
				84	City			FL 85 Z	Zip Code	
11. Pursuant t	to the provisions of Sections 617.0502	and 61	7,1508, Florida Statute	s, the above	e-named	corpo	ration submits this statement for the pur		g its registered	
office or re agent. I a	e gis tered agent, or both, in the St <u>ate o</u> m familiar with, and accept the colligati	f Floric	Such change was a Section 617,6603, Flor	uthorized by rida Statutes	/ the corp s.	poratio	ration submits this statement for the pur n's board of directors. I hereby accept	the appointment	as registered	
SIGNATURE	Caron.	\mathcal{A}	illy.	CARL	SEIL	BER	T EXEC. DIR.	4-22	- 98	
	Signature, typed or printed name of registered agent	d tille			n) signalure	required		DATE		
12.	OFFICERS AND	DIREC	DELETE	13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT		
NAME	BERRY, ESTHER E		C) beech	1.2 NAME					30 CT PAGEOR	
STREET ADORESS	A CANADA MARKAMAN AND AND AND AND AND AND AND AND AND A			1.3 STREET ADDRESS						
CITY-ST-ZIP	SOUTH BAY FL 33493	-	1	1.4 CITY-S		{				
TITLE	DV		DELETE	2.1 TITLE		DV	_	1 Chang	ge Addition	
NAME	TEETS, SUE			2.2 NAME	2.2 NAME		OCMAHON, PAT 977 College Drive Belle Glade, FL 33430			
STREET ADDRESS	Bert B. A. C. B. C.			2.3 STREET	2.3 STREET ADDRESS 19		977 College DRIVE			
CITY-ST-ZIP	BELLE GLADE FL 33430			2. 4 CITY - S	ST-ZIP	Be	lle Glade, FL 33	<u> 430 </u>		
TITLE	D		L_ DELETE	3.1 TITLE				Chang	ge Addition	
NAME	ASIA-WILLIAMS, GWENDOLYN			3.2 NAME		}				
STREET ADORESS	1901 NORTHWEST 16TH STREET		3.3 STREET	3.3 STREET ADDRESS						
CITY-ST-ZIP	BELLE GLADE FL 33430		DELETE	3.4. CITY-S	ST-ZIP	 		Chang	ge Addition	
TITLE	ים אם ונוגעם. במסים ונוגעם		TS bereie	4.1 TITLE		ンド	CRETARY	☐ Clian	ge 🕒 Madition	
NAME CTREET ADDRESS	BAHL, BOB 557 SOUTHWEST 16TH STREE	Ŧ		4. 2 NAME	ADDDECC	THO	MASON, ALICE E. MAIN ST.			
STREET ADDRESS CITY-ST-ZIP	BELLE GLADE FL 33430	r		4.3 STREET 4.4 CITY-S		113	HOKEE, FL 3343	<i>30</i>		
TITLE	D		DELETE	5.1 THTLE	1 - 217		HUKEC, FL 33 15	☐ Chang	ge Addition	
NAME	JACKSON, MICHAEL E			5.2 NAME		80	WENS, CHEREE			
STREET ADDRESS	335 SOUTHWEST 2ND AVENUE	Ē		5.3 STREET	ADDRESS	l Be	He Glade MUNICIPHE	COMPLE	×	
CITY-ST-ZIP	SOUTH BAY FL 33493	_		5.4 CITY-S		Be	lle Glade, FL 3	33430		
TITLE	D		☐ DELETE	6.1 TITLE		מ		4 Chanc	ge 🔲 Addition	
NAME	LOHMANN, BRIAN			6.2 NAME		33	THAT LOHMANN, BRI	AN		
STREET ADDRESS	P.O. BOX 579			6.3 STREET	address	111	no NE 2NO St.			
CITY-ST-ZIP	PAHOKEE FL 33476			6.4 CITY-S	T-ZIP	B	elle Glade, FL	33430		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: