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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000005646 (1) 1. Corporation Name THE EDGE CENTER, INC.			
Principal Place of Business 425 WEST CANAL STREET NORTH BELLE GLADE FL 33430		Mailing Address 425 WEST CANAL STREET NORTH BELLE GLADE FL 33430	
2. Principal Place of Business 21 425 WEST CANAL STREET NORTH Suite, Apt. #, etc. 22 City & State 23 Belle Glade, FL Zip 24 33430 Country 25 USA		2a. Mailing Address 26 P.O. Box 793 Suite, Apt. #, etc. 27 City & State 28 Belle Glade, FL Zip 29 33430 Country 30 USA	
3. Date Incorporated or Qualified 10/06/1997		4. FEI Number 65-0748794	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent SEIBERT, CARL 425 WEST CANAL STREET NORTH BELLE GLADE FL 33430		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes. SIGNATURE <i>Carl Seibert</i> CARL SEIBERT EXEC. DIR. 4-22-98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERRY, ESTHER E 210 SOUTHWEST 12TH AVENUE SOUTH BAY FL 33493 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TEETS, SUE BELLE GLADE MUNICIPAL COMPLEX BELLE GLADE FL 33430 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASIA-WILLIAMS, GWENDOLYN 1901 NORTHWEST 16TH STREET BELLE GLADE FL 33430 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAHL, BOB 557 SOUTHWEST 16TH STREET BELLE GLADE FL 33430 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, MICHAEL E 335 SOUTHWEST 2ND AVENUE SOUTH BAY FL 33493 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOHMANN, BRIAN P.O. BOX 579 PAHOKEE FL 33476 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE: *Esther E. Berry* **4/22/98**

CR2E037 (10/97)