

FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90057 050 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005646

1. Corporation Name

THE EDGE CENTER, INC.

Principal Place of Business

425 WEST CANAL STREET NORTH
BELLE GLADE FL 33430

Mailing Address

P O BOX 793
BELLE GLADE FL 33430-793
US



2. Principal Place of Business

21 2976 STATE ROAD 15

Suite, Apt. #, etc.

22

City & State

23 Belle Glade FL

Zip

24 33430

Country

25 Palm Beach

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

10/06/1997

4. FEI Number

65-0748794

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

CARL SEIBERT

82 Street Address (P.O. Box Number is Not Acceptable)

2976 STATE ROAD 15

83

84 City

Belle Glade

FL

85

Zip Code

33430

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

Signature, typed or printed name of registered agent and title if applicable.

CARL SEIBERT EXEC. DIR.

4-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME BERRY, ESTHER E
STREET ADDRESS 210 SOUTHWEST 12TH AVENUE
CITY-ST-ZIP SOUTH BAY FL 33493

TITLE DV ☐ DELETE

NAME MCMAHON, PAT
STREET ADDRESS 1977 COLLEGE DRIVE
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE D ☐ DELETE

NAME ASIA-WILLIAMS, GWENDOLYN
STREET ADDRESS 1901 NORTHWEST 16TH STREET
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE S ☐ DELETE

NAME THOMPSON, ALICE
STREET ADDRESS 115 E MAIN STREET
CITY-ST-ZIP PAHOKEE FL 33430

TITLE D ☒ DELETE

NAME BOWENS, CHEREE
STREET ADDRESS BELLE GLADE MUNICIPAL COMPLEX
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE D ☐ DELETE

NAME LOHMANN, BRIAN
STREET ADDRESS 1109 N E 2ND STREET
CITY-ST-ZIP BELLE GLADE FL 33430

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE D CHAIRPERSON ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE D VICE CHAIRPERSON ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE D TREASURER ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

561 993-3343

Daytime Phone #

CR2E037 (11/98)