

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005646

FILED
May 12, 2005
Secretary of State

Entity Name: THE EDGE CENTER, INC.

Current Principal Place of Business:

241 W AVE A
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

P O BOX 793
BELLE GLADE, FL 33430793 US

New Mailing Address:

FEI Number: 65-0748794 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

L. ALAN SCHAFLE
241 W AVE A
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

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:

Title: DC () Delete
Name: MCMAHON, PAT
Address: 1977 COLLEGE DRIVE
City-St-Zip: BELLE GLADE, FL 33430

Title: DS () Delete
Name: BOYER, BETTY
Address: P.O. BOX 2465 241 W AVENUE A
City-St-Zip: BELLE GLADE, FL 33430

Title: DT () Delete
Name: GREEN, DOUGLAS
Address: 557 SW 16TH ST
City-St-Zip: BELLE GLADE, FL 33430

Title: DVC () Delete
Name: CAYSON, ELIZABETH H
Address: 1500 A NW AVENUE L
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: SCHAFLE, ALAN L
Address: 241 W. AVE A
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: O'CONNOR, REGGIE
Address: 241 W AVENUE A
City-St-Zip: BELLE GLADE, FL 33430 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: L. ALAN SCHAFLE

CEO

05/12/2005

Electronic Signature of Signing Officer or Director

Date