

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 18, 2006
Secretary of State**

DOCUMENT# N97000005646

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 ()

Name and Address of Current Registered Agent:CRYSTAL WOMACK, EXECUTIVE DIRECTOR
241 W AVE A
BELLE GLADE, FL 33430 US**Name and Address of New Registered Agent:**SUZANNE, HARPER
P O BOX 2465
BELLE GLADE, FL 33430 US

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: SUZANNE HARPER

08/18/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PRES () Delete
Name: WOMACK, CRYSTAL R
Address: 241 W. AVENUE A
City-St-Zip: BELLE GLADE, FL 33430Title: SECR () Delete
Name: PITMAN, MICHELE
Address: P.O. BOX 2465 241 W AVENUE A
City-St-Zip: BELLE GLADE, FL 33430Title: MEMB () Delete
Name: SHELTON, GERALDINE
Address: 241 W. AVENUE A
City-St-Zip: BELLE GLADE, FL 33430Title: MEMB () Delete
Name: GARRETT, FREDDIE
Address: 241 W. AVENUE A
City-St-Zip: BELLE GLADE, FL 33430Title: MEMB (X) Delete
Name: MILLER, PERNELL
Address: 241 W. AVE A
City-St-Zip: BELLE GLADE, FL 33430Title: MEMB (X) Delete
Name: CRITTENDEN, MELTON
Address: 241 W AVENUE A
City-St-Zip: BELLE GLADE, FL 33430 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DC (X) Change () Addition
Name: CASON, ELIZABETH H
Address: 1500 A NW AVE L
City-St-Zip: BELLE GLADE, FL 33430Title: DS (X) Change () Addition
Name: BOYER, BETTY
Address: 1824 E CANAL ST N
City-St-Zip: BELLE GLADE, FL 33430Title: DT (X) Change () Addition
Name: GREEN, DOUGLAS
Address: 557 SW 16TH ST
City-St-Zip: BELLE GLADE, FL 33430Title: D (X) Change () Addition
Name: O'CONNORS, REGGIE
Address: 241 W. AVENUE A
City-St-Zip: BELLE GLADE, FL 33430Title: () 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 Chapter 119, 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: ELIZABETH H CASON

DC

08/18/2006

Electronic Signature of Signing Officer or Director

Date