2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008
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 ( )**
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:

HARPER, SUZANNE M CEO
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:	BOYER, BETTY L OFFICER	
Address:	1057 E CANAL ST N	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	DS	( ) Delete
Name:	O'CONNOR, REGGIE OFFICER	
Address:	326 FERN ST SUITE 301	
City-St-Zip:	W PALM BEACH, FL 33401	
Title:	DT	( ) Delete
Name:	GREEN, DOUGLAS OFFICER	
Address:	1085 S MAIN ST	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	DVC	( ) Delete
Name:	HICKSON, MARY L	
Address:	P O BOX 726	
City-St-Zip:	SOUTH BAY, FL 33493	
Title:	D	( ) Delete
Name:	CHAVEZ, SAMANTHA	
Address:	P O BOX 2465	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	DPC	( ) Delete
Name:	CAYSON, ELIZABETH	
Address:	1500 N W AVE L	
City-St-Zip:	BELLE GLADE, FL 33430	

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:	D	(X) Change ( ) Addition
Name:	MOORE, DEREK	
Address:	241 W AVE A	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	D	(X) Change ( ) Addition
Name:	HARRELL, TRACY L	
Address:	111 HEMINGWAY CT	
City-St-Zip:	ROYAL PALM BEACH, FL 33411	
Title:	D	(X) Change ( ) Addition
Name:	HARPER, SUZANNE M	
Address:	14825 CENTER AVE	
City-St-Zip:	CLEWISTON, FL 33440	

I hereby certify that the information supplied with this filing does not qualify 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: SUZANNE HARPER ED 05/23/2008

Electronic Signature of Signing Officer or Director — Date