

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005646

FILED  
Mar 27, 2009  
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:

P O BOX 793  
BELLE GLADE, FL 334300793 US

FEI Number: 65-0748794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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: D ( ) Delete  
Name: MOORE, DEREK  
Address: 241 W AVE A  
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete  
Name: HARRELL, TRACY L  
Address: 111 HEMINGWAY CT  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete  
Name: HARPER, SUZANNE M  
Address: 14825 CENTER AVE  
City-St-Zip: CLEWISTON, FL 33440

## 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 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 M HARPER

D

03/27/2009

Electronic Signature of Signing Officer or Director

Date