2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2010
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 334300793 US

New Mailing Address:

241 W AVE A
BELLE GLADE, FL 33430

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
Name: BOYER, BETTY L OFFICER
Address: 1057 E CANAL ST N
City-St-Zip: BELLE GLADE, FL 33430

Title: DS
Name: SKYER, PAUL OFFICER
Address: 241 W AVE A
City-St-Zip: BELLE GLADE, FL 33430

Title: DT
Name: MOORE, DERREK OFFICER
Address: 241 W AVE A
City-St-Zip: BELLE GLADE, FL 33430

Title: DV
Name: KLABER, JAMES OFFICER
Address: 241 W AVE A
City-St-Zip: BELLE GLADE, FL 33430

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

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

I hereby 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 all other like empowered.

SIGNATURE: BETTY BOYER DC 04/01/2010

Electronic Signature of Signing Officer or Director Date