

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0081086

DOCUMENT # N97000005646

1. Entity Name

THE EDGE CENTER, INC.



05-02-2003 90733 024 ****61.25

Principal Place of Business

**241 W AVE A
BELLE GLADE FL 33430**

Mailing Address

**P O BOX 793
BELLE GLADE FL 33430-793
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0748794**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SEIBERT, CARL
241 W AVE A
BELLE GLADE FL 33430**

7. Name and Address of New Registered Agent

Name

L. ALAN SCHAFFER

Street Address (P.O. Box Number is Not Acceptable)

241 W. AVE. A

City

BELLE GLADE

FL

Zip Code

33430

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

L. ALAN SCHAFFER

4-29-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **SEIBERT, CARL**
STREET ADDRESS **241 W AVENUE A**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE **DC** ☐ Delete
NAME **MCMAHON, PAT**
STREET ADDRESS **1977 COLLEGE DRIVE**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE **DS** ☐ Delete
NAME **BOYER, BETTY**
STREET ADDRESS **P.O. BOX 2465 241 W AVENUE A**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE **DT** ☐ Delete
NAME **GREEN, DOUGLAS**
STREET ADDRESS **557 SW 16TH ST**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE **DVC** ☐ Delete
NAME **CAYSON, ELIZABETH H**
STREET ADDRESS **1500 A NW AVENUE L**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **L. ALAN SCHAFFER**
STREET ADDRESS **241 W AVE A**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. ALAN SCHAFFER 4-29-03 (617) 993-3343

Date

Daytime Phone #

CR2E037 (10/02)