

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009485

FILED  
May 30, 2005  
Secretary of State

Entity Name: AMCA EVERGLADES CHAPTER, INC.

**Current Principal Place of Business:**

1320 SOUTH DIXIE HIGHWAY  
SUITE 450 GABLES ONE TOWER  
MIAMI, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

1320 SOUTH DIXIE HIGHWAY  
SUITE 450 GABLES ONE TOWER  
MIAMI, FL 33146 US

**New Mailing Address:**

FEI Number: 54-2120673      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:**

**Name and Address of New Registered Agent:**

WASSON, ROY D  
1320 SOUTH DIXIE HIGHWAY  
SUITE 450 GABLES ONE TOWER  
MIAMI, FL 33146 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WASSON, ROY D  
Address: 1320 SOUTH DIXIE HIGHWAY, SUITE 450  
City-St-Zip: MIAMI, FL 33146 US

Title: VP ( ) Delete  
Name: COLE, HOWARD  
Address: 2625 GRASSRUN  
City-St-Zip: LABELLE, FL 33935

Title: T ( ) Delete  
Name: PORTER, DAVID  
Address: 13250 SW 224TH ST.  
City-St-Zip: MIAMI, FL 33170

Title: S ( ) Delete  
Name: BUTTACCIO, JIM  
Address: 1016 NORTH O ST.  
City-St-Zip: LAKE WORTH, FL 33460

**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: S (X) Change ( ) Addition  
Name: WEBB, KELLI  
Address: 4286 HARBOUR LANE  
City-St-Zip: NORTH FORT MYERS, FL 33170

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROY D. WASSON

P

05/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date