


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000009485 1. Entity Name AMCA EVERGLADES CHAPTER, INC.	
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Principal Place of Business 5901 SW 74TH ST. SUITE 205 SOUTH MIAMI, FL 33143 US	Mailing Address 5901 SW 74TH ST. SUITE 205 SOUTH MIAMI, FL 33143 US
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DO NOT WRITE IN THIS SPACE



07062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-2120873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when filing) _____ DATE _____

Filing Fee is \$61.25
Due by September 14, 2007


9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000758721
 07/13/07-80010-003 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WASSON, ROY D 1320 SOUTH DIXIE HIGHWAY, SUITE 450 MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STAUFFER, JACK 4286 HARBOUR LANE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PORTER, DAVID 13250 SW 224TH ST. MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WEBB, KELLI 4286 HARBOUR LANE NORTH FORT MYERS, FL 33170
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE:  7-9-07 305 666 5053
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #