

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05996

FILED
May 13, 2007
Secretary of State

Entity Name: THE EVERGLADES CO-ORDINATING COUNCIL, INC.

Current Principal Place of Business:

22951 SW 190 AVE
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

22951 SW 190 AVE
MIAMI, FL 33170

New Mailing Address:

FEI Number: 59-2750633 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

POWELL, BARBARA J MS
22951 SW 190 AVE
MIAMI, FL 33170 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: PD () Delete
Name: MAHARREY, BYRON MR
Address: 329 EMERSON CIRCLE
City-St-Zip: PALM SPRINGS, FL 33461

Title: VD () Delete
Name: BRYAN, ALBERT MR
Address: 6510 SW 29 ST
City-St-Zip: MIAMI, FL 33155

Title: SD () Delete
Name: POWELL, BARBARA J MS
Address: 22951 SW 190 AVE
City-St-Zip: MIAMI, FL 33170

Title: TD () Delete
Name: CHARLAND, DAVID O MR
Address: 3590 NW56 ST
City-St-Zip: FT. LAUDERDALE, FL 33309

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:

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: BARBARA JEAN POWELL

SD

05/13/2007

Electronic Signature of Signing Officer or Director

Date