2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SECRETARY OF STATE **DOCUMENT #733915** DIVISION OF CORPORATIONS EVERGREEN COMMUNITY CLUB, INC. 05 SEP 30 AM 9: 21 61828 Mailing Address Principal Place of Business 266 SAND HILL RD. RT 7 BOX 124 YULEE, FL 32097 YULEE, FL 32097 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09132005 Chg-NP CR2E037 (10/03) City & State City & State FEI Number NOT APPLICABLE Applied For Not Applicable Zip Zìo Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITE, AMOS-RT 7 BOX 124 Street Address (P.O. Box Number is Not Acceptable) YULEE, FL 32097 City Zip Code 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 Filing Fee is \$61.25 9. Election Campaign Financing **\$5.00** May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by October 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD TITLE Delete WHITE, AMOS NAME NAME 2694 SAND HILL ROAD STREET ADDRESS STREET ADDRESS 4 CITY-ST-ZIP YULEE, FL CITY-ST-ZIP Defete Change TITLE TITLE Addition NAME MASON, FREDDIE NAME STREET ADDRESS RT 7 BOX 124 STREET ADDRESS CITY-ST-ZIP YULEE, FL CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition MASON, IDA STREET ADDRESS RT 7 BOX 124 STREET ADDRESS CITY-ST-ZIP YULEE, FL --CITY-ST-ZIP-Delete TITLE TITLE Change Addition Addition ALBERTEE, FREEDONIA NAME NAME STREET ADDRESS RT 7 BOX 124 STREET ADDRESS CITY-ST-ZIP YULEE, FL CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME 000060202590 STREET ADDRESS STREET ADDRESS 10/04/05---01608---008 CITY-ST-ZIP 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 like empowered.

FILED