


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90019 021 ****61.25

DOCUMENT # 765966 1. Entity Name THE EVERGREEN CLUB, INC.					
Principal Place of Business 4225 SW BIMINI CR. PALM CITY FL 34990 US			Mailing Address 4225 SW BIMINI CIR S PALM CITY FL 34990 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2258635	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BROUWER, ROBERT 4225 S.W. BIMINI CIRCLE S. PALM CITY FL 34990				Name Kathy O'Leary Street Address (P.O. Box Number is Not Acceptable) 4225 SW Bimini Circle, South Palm City, FL 34990 City FL 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 <i>Kathy O'Leary, Secretary</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 2/27/2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALLE, BARBARA 8217 SE PALLROTIS LANE HOBE SOUND FL 33455	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Charles L. Dyer 5242 SW Bimini Cr. N Palm City, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD O'LEARY, KATHY 4915 SW BIMINI CR S PALM CITY FL 34990		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President/Director Edward C. Fetta 4946 SW Bimini Cir Palm City, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD NEWTON, WILLIS 4833 SW BERMUDA WAY PALM CITY FL 34990		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasure/Director	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD SPAMPANI, PETER 3711 SW BIMINI CR N PALM CITY FL 34990		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ATD BRODEUR, AL 4396 SW BIMINI CR S PALM CITY FL 34990		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete <input type="checkbox"/>		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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.					
SIGNATURE: <i>Albert J. Brodeur</i> ALBERT J. BRODEUR 2/11/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					