

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765966

FILED
Aug 10, 2009
Secretary of State

Entity Name: THE EVERGREEN CLUB, INC.

Current Principal Place of Business:

4225 SW BIMINI CIR S
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

4225 SW BIMINI CIR S
PALM CITY, FL 34990 US

New Mailing Address:

FEI Number: 59-2258635 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:

URICK, RON
4225 S.W. BIMINI CIRCLE S.
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

JON, DUQUETTE
4225 S.W. BIMINI CIRCLE S.
PALM CITY, FL 34990 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: JON DUQUETTE

08/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: URICK, DON
Address: 1130 SW CHAPMAN WAY #507
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: PIZZI, TONY
Address: 4561 SW IAN LANE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S () Delete
Name: MCADOO, SUSAN
Address: 4993 SW BERMUDA WAY
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: NEWTON, BILL
Address: 4883 SW BERMUDA WAY
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DUQUETTE, JON
Address: 4731 SW BIMINI CIRCLE NORTH
City-St-Zip: PALM CITY, FL 34990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MATUSZEWSKI, CHRIS
Address: 5046 SW ORCHID BAY DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: T (X) Change () Addition
Name: DONNELLY, CLIFF
Address: 4851 SW BIMINI CIRCLE NORTH
City-St-Zip: PALM CITY, FL 34990

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: CLIFF DONNELLY

T

08/10/2009

Electronic Signature of Signing Officer or Director

Date