


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90011 050 \*\*\*150.00

<b>DOCUMENT # 771248</b> 1. Entity Name EVERGLADES POST 20 INC.					
Principal Place of Business 101 S.E. AVENUE D BELLE GLADE, FL 33430			Mailing Address P.O. BOX 1002 BELLE GLADE, FL 33430		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02142007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-1092007</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLS, BOBBY C 36 LAKESIDE CIRCE PAHOKEE, FL 33476				Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLS, BOBBY C		NAME		
STREET ADDRESS	36 LAKESIDE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PAHOKEE, FL 33476		CITY-ST-ZIP		
TITLE	ADJD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRIMMER, FRANK G		NAME		
STREET ADDRESS	1140 NE 25TH ST.		STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP		
TITLE	FD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAROTTA, RALPH J		NAME		
STREET ADDRESS	518 E. ESPERANZA AVE.		STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON, FL 33440		CITY-ST-ZIP		
TITLE	BA	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HRUTHER, CHARLES		NAME	BAhruth, Charles	
STREET ADDRESS	P.O. BOX 511		STREET ADDRESS	P.O. Box 511	
CITY-ST-ZIP	CANAL POINT, FL 33438		CITY-ST-ZIP	Canal Point, FL 33438	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Frank G. Primer</i>			Date: Feb 20 2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 561 996 6444		

40022775

