

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771248

FILED
Mar 19, 2009
Secretary of State

Entity Name: EVERGLADES POST 20 INC.

Current Principal Place of Business:

101 S.E. AVENUE D
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1002
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 59-1092007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRIMMER, FRANK G
1140 NORTH FOREST 25TH ST.
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

PRIMMER, FRANK G
1140 NORTH EAST 25TH ST.
BELLE GLADE, FL 33430 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:

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EC () Delete
Name: MILLS, BOBB C
Address: 36 LAKESIDE CIRCLE
City-St-Zip: PAHOKEE, FL 33476

Title: FO () Delete
Name: PRIMMER, FRANK G
Address: 1140 NE 25TH ST.
City-St-Zip: BELLE GLADE, FL 33430

Title: EC () Delete
Name: RALPH, MAROTTA J
Address: 518 ESPRANZA AVE.
City-St-Zip: CLEWISTON, FL 33440

Title: BA () Delete
Name: BAHRUTH, CHARLES
Address: P.O. BOX 511
City-St-Zip: CANAL POINT, FL 33438

Title: VC (X) Delete
Name: BAHRUTH, CHARLES
Address: PO BOX 511
City-St-Zip: CANAL POINT, FL 33438

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: PRIMMER, FRANK G
Address: 1140 NE 25TH ST.
City-St-Zip: BELLE GLADE, FL 33430

Title: ADK (X) Change () Addition
Name: MCCONNIEL, SHAWN
Address: 1562 JOSHUA BLVD
City-St-Zip: CLEWISTON, FL 33440

Title: FVC (X) Change () Addition
Name: MILLS, JAMES L
Address: 9 LAKESIDE CIRCLE
City-St-Zip: PAHOKEE, FL 33476

Title: S (X) Change () Addition
Name: EVANS, JAMES G
Address: 1141 NE 28TH ST.
City-St-Zip: BELLE GLADE, FL 33430

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: FRANK PRIMMER

C

03/19/2009

Electronic Signature of Signing Officer or Director

Date