

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771248

FILED
Jan 03, 2011
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: 59-0996247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, BOB
9 LAKESIDE CIRCLE
PAHOKEE, FL 33476 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: MILLS, BOB
Address: 9 LAKESIDE CIRCLE
City-St-Zip: PAHOKEE, FL 33476

Title: ADJ
Name: PENDER, JOHN
Address: 101 SE AVENUE D
City-St-Zip: BELLE GLADE, FL 33430

Title: VP
Name: MILLS, JAMES L
Address: 9 LAKESIDE CIRCLE
City-St-Zip: PAHOKEE, FL 33476

Title: VP
Name: EVANS, JAMES G
Address: 1141 NE 28TH ST.
City-St-Zip: BELLE GLADE, FL 33430

Title: CHAP
Name: SPOONER, JOHN
Address: 101 SE AVENUE D
City-St-Zip: BELLE GLADE, FL 33430

Title: FIN
Name: MAROTTA, RALPH
Address: 101 SE AVENUE D
City-St-Zip: BELLE GLADE, FL 33430

I hereby 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 all other like empowered.

SIGNATURE: BOB MILLS

C

01/03/2011

Electronic Signature of Signing Officer or Director

Date