

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00698

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** THE EVERGLADES INSTITUTE, INC.

**Current Principal Place of Business:**

HC 1, BOX 52, LOOP ROAD  
OCHOPEE, FL 34141

**New Principal Place of Business:**

**Current Mailing Address:**

HC 1, BOX 52, LOOP ROAD  
OCHOPEE, FL 34141

**New Mailing Address:**

**FEI Number:** 59-2633469

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACOBSON, JAN MICHAEL  
HC 1, BOX 52, LOOP ROAD  
OCHOPEE, FL 34141 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: PD  
Name: JACOBSON, JAN M  
Address: HC 1, BOX 52, LOOP ROAD  
City-St-Zip: OCHOPEE, FL 34141

Title: TD  
Name: CARR, CHARLES W  
Address: 9245 SW 44TH STREET  
City-St-Zip: MIAMI, FL 33165

Title: VD  
Name: GREGORY, JAMES  
Address: 13600 NW 1ST AVE.  
City-St-Zip: MIAMI, FL 33168

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: JAN MICHAEL JACOBSON

PD

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date