

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001143

FILED
Apr 09, 2004
Secretary of State

Entity Name: EVERGLADES FOR EVERYONE, INC.

Current Principal Place of Business:

PO BOX 852
CHOKOLOSKEE, FL 34138

New Principal Place of Business:

Current Mailing Address:

PO BOX 852
CHOKOLOSKEE, FL 34138

New Mailing Address:

FEI Number: 01-0649741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUIRE, TERRY A
1180 CHOKOLOSKEE DRIVE
CHOKOLOSKEE, FL 34138 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: DP () Delete
Name: SCHULTZ, MAX L
Address: PO BOX 852
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: DS () Delete
Name: HENDRICKS, CLARENCE
Address: PO BOX 5037
City-St-Zip: EVERGLADES CITY, FL 34139

Title: DT () Delete
Name: HALL, LINCOLN
Address: 139 LOPEZLANE BOX 158
City-St-Zip: CHOKOLOSKEE, FL 34138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LINCOLN HALL

DT

04/09/2004

Electronic Signature of Signing Officer or Director

Date