

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000001143

1. Entity Name
EVERGLADES FOR EVERYONE, INC.



Principal Place of Business
**PO BOX 852
CHOKOLOSKEE, FL 34138**

Mailing Address
**PO BOX 852
CHOKOLOSKEE, FL 34138**

DO NOT WRITE IN THIS SPACE



03132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
01-0649741

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUIRE, TERRY A
1180 CHOKOLOSKEE DRIVE
CHOKOLOSKEE, FL 34138**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SCHULTZ, MAX L
PO BOX 852
CHOKOLOSKEE, FL 34138**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
HACK, DXAVE
1784 WHITECAP CR
NORTH FORT MYERS, FL 33903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
HALL, LINCOLN
139 LOPEZLANE BOX 158
CHOKOLOSKEE, FL 34138**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000480959
04/11/06-80011-017 61.25

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. E. Hall
22 Mar 06

407-857-6377
Daytime Phone