2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001143

FILED Mar 30, 2009 Secretary of State

Entity Name: EVERGLADES FOR EVERYONE, INC. **Current Principal Place of Business: New Principal Place of Business:** 150 SMALLWOOD DR CHOKOLOSKEE, FL 34138 **Current Mailing Address: New Mailing Address:** PO BOX 852 CHOKOLOSKEE, FL 34138 FEI Number: 01-0649741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LUIRE, TERRY A 1180 CHOKOLOSKEE DRIVE CHOKOLOSKEE, FL 34138 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SCHULTZ, MAX L Name: Name: Address: PO BOX 852 Address: City-St-Zip: CHOKOLOSKEE, FL 34138 City-St-Zip: Title: DS Title: DS (X) Change () Addition () Delete Name: HACK, DAVE Name: HACK, DAVE Address: 1784 WHITECAP CR Address: P.O BOX City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: CHOKOLOSKEE, FL 34138 Title: () Delete Title: () Change () Addition HALL, LINCOLN Name: Name: 139 LOPEZLANE BOX 158 Address: Address: City-St-Zip: CHOKOLOSKEE, FL 34138 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: LINCOLN HALL DT 03/30/2009