

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004193

FILED  
Feb 25, 2008  
Secretary of State

Entity Name: EVERGLADESIA, INC.

**Current Principal Place of Business:**

31 GARDEN COVE DR.  
KEY LARGO, FL 33037

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 236  
HOMESTEAD, FL 33090

**New Mailing Address:**

FEI Number: 65-1129836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHENOWETH, MICHAEL F  
31 GARDEN COVE DR.  
KEY LARGO, FL 33037 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 ( ) Delete  
Name: CHENOWETH, MICHAEL F  
Address: 31 GARDEN COVE DR.  
City-St-Zip: KEY LARGO, FL 33037

Title: STD ( ) Delete  
Name: PIERCE, PAMELA B  
Address: 31 GARDEN COVE DR.  
City-St-Zip: KEY LARGO, FL 33037

Title: D ( ) Delete  
Name: MCCLELLAN, MAGGIE  
Address: 1750 NE 191 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D ( ) Delete  
Name: PETROVIC, CLIVE A  
Address: ROUND HOUSE  
City-St-Zip: ROADTOWN, TORTOLA BVI, OC

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MICHAEL F. CHENOWETH

PRES

02/25/2008

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

\_\_\_\_\_  
Date