2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010026

FILED Apr 05, 2007 Secretary of State

Entity Name: EVERGLADES SOCIETY FOR HISTORIC PRESERVATION, INC.

| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
|--------------------------------------|--|--|--|--|--|--|
| DWAY 46 DES CITY, FL | 34139 | US | | | US | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | |
| DWAY 46 DES CITY, FL | 34139 | US | | | US | |
| 20-2229534 | FEI Nun | nber Applied For() FEI | Number Not App | licable () Certifica | te of Status Desired () | |
| Address of C | Current R | Registered Agent: | Name and | I Address of New Reg | istered Agent: | |
| ŕ | | US | | | | |
| named entity s of Florida. | submits t | his statement for the purpos | se of changing | its registered office or r | egistered agent, or both, | |
| RE: | | | | | | |
| Electron | nic Signat | ure of Registered Agent | | | Date | |
| S AND DIREC | TORS: | | ADDITION | NS/CHANGES TO OFF | ICERS AND DIRECTORS | |
| HUFF, PATRICI 207 NORTH ST | IA A ORTER AV | | Title: Name: Address: City-St-Zip: | () Change | () Addition | |
| BARNES, ROBI 61 WEST FLAN | IN /IINGO DR | 34139 US | Title: Name: Address: City-St-Zip: | () Change (| () Addition | |
| MOSEMAN, CA 710 BUCKNER | ROL AVENUE | 34139 US | Title: Name: Address: City-St-Zip: | () Change | () Addition | |
| STROBEL, SHE 145 S LOPEZ L | EILAH LANE | 38 US | Title: Name: Address: City-St-Zip: | VARALLO, MARI 594 COLLIER AVE | | |
| REPKO, MARY 102 EAST BRA | A ODWAY | 34139 US | Title: Name: Address: City-St-Zip: | () Change (| () Addition | |
| | | | Title: | () 01 | () Addition | |
| | DWAY 46 DES CITY, FL ailing Addres DWAY 46 DES CITY, FL 20-2229534 Address of C TRICIA A DRTER AVE DES CITY, FL named entity s of Florida. RE: Electror S AND DIREC C HUFF, PATRIC 207 NORTH ST EVERGLADES D () BARNES, ROB 61 WEST FLAM EVERGLADES CO-C () MOSEMAN, CA 710 BUCKNER EVERGLADES TREA () STROBEL, SHE 145 S LOPEZ L CHOKOLOSKE S () REPKO, MARY 102 EAST BRA | DWAY 46 DES CITY, FL 34139 ailing Address: DWAY 46 DES CITY, FL 34139 20-2229534 FEI Nur Address of Current F TRICIA A DRTER AVE DES CITY, FL 34139 named entity submits to of Florida. RE: Electronic Signat S AND DIRECTORS: C () Delete HUFF, PATRICIA A 207 NORTH STORTER AV EVERGLADES CITY, FL 3 D () Delete BARNES, ROBIN 61 WEST FLAMINGO DR EVERGLADES CITY, FL 3 CO-C () Delete MOSEMAN, CAROL 710 BUCKNER AVENUE EVERGLADES CITY, FL 3 TREA () Delete STROBEL, SHEILAH 145 S LOPEZ LANE CHOKOLOSKEE, FL 341 S () Delete REPKO, MARYA 102 EAST BRAODWAY | DUMAY 46 DES CITY, FL 34139 US ailing Address: DWAY 46 DES CITY, FL 34139 US 20-2229534 FEI Number Applied For () FEI Address of Current Registered Agent: TRICIA A DRTER AVE DES CITY, FL 34139 US named entity submits this statement for the purpose of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: C () Delete HUFF, PATRICIA A 207 NORTH STORTER AVENUE EVERGLADES CITY, FL 34139 US D () Delete BARNES, ROBIN 61 WEST FLAMINGO DR EVERGLADES CITY, FL 34139 US CO-C () Delete MOSEMAN, CAROL 710 BUCKNER AVENUE EVERGLADES CITY, FL 34139 US TREA () Delete STROBEL, SHEILAH 145 S LOPEZ LANE CHOKOLOSKEE, FL 34138 US S () Delete REPKO, MARYA | DWAY 46 DES CITY, FL 34139 US ailing Address: New Maili DWAY 46 DES CITY, FL 34139 US DWAY 47 DES CITY, FL 34139 US Address of Current Registered Agent: TRICIA A DRIER AVE DES CITY, FL 34139 US named entity submits this statement for the purpose of changing of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: C () Delete HUFF, PATRICIA A 207 NORTH STORTER AVENUE EVERGLADES CITY, FL 34139 US D () Delete BARNES, ROBIN 61 WEST FLAMINGO DR EVERGLADES CITY, FL 34139 US CO-C () Delete MOSEMAN, CAROL 710 BUCKNER AVENUE EVERGLADES CITY, FL 34139 US CO-C () Delete MOSEMAN, CAROL 710 BUCKNER AVENUE EVERGLADES CITY, FL 34139 US City-St-Zip: TREA () Delete STROBEL, SHEILAH 145 S LOPEZ LANE CHOKOLOSKEE, FL 34138 US City-St-Zip: S () Delete EVERCHORDOWAY 102 EAST BRAODWAY 103 COPE EVERCHORDOWAY 104 COPE EVERCHORDOWAY 105 COPE TITLE: Name: Address: City-St-Zip: TITLE: Name: Address: City-St-Zip: TITLE: TIT | DWAY 46 DES CITY, FL 34139 US ailing Address: New Mailing Address: DWAY 46 BDES CITY, FL 34139 US ABOUT THE STAND AND ADDITIONS/CHANGES CITY, FL 34139 DES CITY, FL 34139 US ADDITIONS/CHANGES TO OFF BEINGTHER AVED DES CITY, FL 34139 US DES CITY, FL 34139 US ADDITIONS/CHANGES TO OFF BEINGTHER AVED DES CITY, FL 34139 US ADDITIONS/CHANGES TO OFF BEINGTHER AVED DES CITY, FL 34139 US ADDITIONS/CHANGES TO OFF BEINGTHER AVED DES CITY, FL 34139 US ADDITIONS/CHANGES TO OFF BEINGTHER AVED DES CITY, FL 34139 US ADDITIONS/CHANGES TO OFF BEINGTHER AVED DES CITY, FL 34139 US BEINGTHER AVED DES CITY, FL 34139 US ADDITIONS/CHANGES TO OFF BEINGTHER AVED DES CITY, FL 34139 US CITY-SI-ZIP: CO () Delete BARNES, ROBIN BIT WEST FLAMINGO DR DEVERGLADES CITY, FL 34139 US CITY-SI-ZIP: CO-C () Delete MOSEMAN, CAROL TO BUCKNER AVEDUE EVERGLADES CITY, FL 34139 US CITY-SI-ZIP: TREA () Delete STROBEL, SHEILHH Address: CITY-SI-ZIP: CVERGLADES CITY, FL Address: CITY-SI-ZIP: CVERGLADES CITY, FL Address: CITY-SI-ZIP: CVERGLADES CITY, FL ANDE: Address: CITTIE: () Change (Name: Address: CITTIE: () Change (Name: Address: CITY-SI-ZIP: CVERGLADES CITY, FL Address: CITTIE: () Change (CITY-SI-ZIP: CVERGLADES CITY, FL CYCLORY CVERGLADES CIT | |

I hereby certify that the information supplied with this filing does not qualify for the 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: MARI VARALLO TREA 04/05/2007