

# 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:**

102 BROADWAY  
P.O. BOX 46  
EVERGLADES CITY, FL 34139 US

**New Principal Place of Business:**

102 COPELAND & BROADWAY  
EVERGLADES CITY, FL 34139 US

**Current Mailing Address:**

102 BROADWAY  
P.O. BOX 46  
EVERGLADES CITY, FL 34139 US

**New Mailing Address:**

P.O. BOX 46  
EVERGLADES CITY, FL 34139 US

**FEI Number:** 20-2229534      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HUFF, PATRICIA A  
207 N STORTER AVE  
EVERGLADES CITY, FL 34139 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: C ( ) Delete  
Name: HUFF, PATRICIA A  
Address: 207 NORTH STORTER AVENUE  
City-St-Zip: EVERGLADES CITY, FL 34139 US

Title: D ( ) Delete  
Name: BARNES, ROBIN  
Address: 61 WEST FLAMINGO DR  
City-St-Zip: EVERGLADES CITY, FL 34139 US

Title: CO-C ( ) Delete  
Name: MOSEMAN, CAROL  
Address: 710 BUCKNER AVENUE  
City-St-Zip: EVERGLADES CITY, FL 34139 US

Title: TREA ( ) Delete  
Name: STROBEL, SHEILAH  
Address: 145 S LOPEZ LANE  
City-St-Zip: CHOKOLOSKEE, FL 34138 US

Title: S ( ) Delete  
Name: REPKO, MARYA  
Address: 102 EAST BRAODWAY  
City-St-Zip: EVERGLADES CITY, FL 34139 US

Title: DIR ( ) Delete  
Name: SCHULTZ, JEAN  
Address: OUTDOOR RESORTS OF AMERICA  
City-St-Zip: CHOKOLOSKEE, FL 34138 US

**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: TREA (X) Change ( ) Addition  
Name: VARALLO, MARI  
Address: 594 COLLIER AVE  
City-St-Zip: EVERGLADES CITY, FL 34139 US

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 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

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date