

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003163

FILED
Apr 28, 2009
Secretary of State

Entity Name: EVERGLADES LODGE #548, INCORPORATED

Current Principal Place of Business:

1808 ELEVENTH ST.
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

209 W. AZTEC
PO BOX 2001
CLEWISTON, FL 33440

New Mailing Address:

P.O. BOX 2001
700 ARKANSAS AVE
CLEWISTON, FL 33440

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAWLS, RONNIE C
209 W. AZTEC, AVE.
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

RAWLS, RONNIE C
700 ARKANSAS AVE
CLEWISTON, FL 33440 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:

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAWLS, RONNIE C
Address: 209 W. AZTEC AVE
City-St-Zip: CLEWISTON, FL 33440

Title: VP () Delete
Name: LYMAN, PATRICK T
Address: 534 TRINIDAD AVE
City-St-Zip: CLEWISTON, FL 33440

Title: VP () Delete
Name: MCKIRE, JW, HOWARD
Address: 116 CAROLINA AVE.
City-St-Zip: CLEWISTON, FL 33440

Title: S () Delete
Name: CHAVERS, AMOS
Address: 1006 LOUISIANA AVE
City-St-Zip: CLEWISTON, FL 33440

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAWLS, RONNIE C
Address: 700 ARKANSAS AVE
City-St-Zip: CLEWISTON, FL 33440

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GRIFFIN, QUINCY B JR
Address: 1013 TEXAS AVE
City-St-Zip: CLEWISTON, FL 33440

Title: M () Change (X) Addition
Name: SURGEONT, OCTAVIUS
Address: 501 WEST HATIA
City-St-Zip: CLEWISTON, FL 33440

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: RONNIE C RAWLS

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date