# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 05, 2011**
**Secretary of State**

DOCUMENT# N05000003163

**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:**

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

**New Mailing Address:**

**FEI Number: 65-0992599** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

RAWLS, RONNIE C
700 ARKANSAS AVE
CLEWISTON, FL 33440 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: P
Name: RAWLS, RONNIE C
Address: 700 ARKANAS AVE
City-St-Zip: CLEWISTON, FL 33440

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

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

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

Title: D
Name: SURGEONT, OCTAVIUS
Address: 501 WEST HATIA
City-St-Zip: CLEWISTON, FL 33440

Title: D
Name: JUDGE, STALLWORTH
Address: 934 VIRGINIA AVE
City-St-Zip: CLEWISTON, FL 33440

I hereby 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 all other like empowered.

SIGNATURE: RONNIE C RAWLS P 02/05/2011

Electronic Signature of Signing Officer or Director — Date