

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003163

FILED
Jan 28, 2012
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:

P.O. BOX 2001
700 ARKANSAS 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 ARKANSAS 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

01/28/2012

Electronic Signature of Signing Officer or Director

Date