

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05996

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** THE EVERGLADES CO-ORDINATING COUNCIL, INC.

**Current Principal Place of Business:**

22951 SW 190 AVE  
MIAMI, FL 33170

**New Principal Place of Business:**

**Current Mailing Address:**

22951 SW 190 AVE  
MIAMI, FL 33170

**New Mailing Address:**

**FEI Number:** 59-2750633

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POWELL, BARBARA J MS  
22951 SW 190 AVE  
MIAMI, FL 33170 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: PD  
Name: MAHARREY, BYRON MR  
Address: 329 EMERSON CIRCLE  
City-St-Zip: PALM SPRINGS, FL 33461

Title: VD  
Name: GUTIERREZ, JORGE MR  
Address: 7480 SW 40TH ST, SUITE 520  
City-St-Zip: MIAMI, FL 33155

Title: SD  
Name: POWELL, BARBARA J MS  
Address: 22951 SW 190 AVE  
City-St-Zip: MIAMI, FL 33170

Title: TD  
Name: CHARLAND, DAVID O MR  
Address: 3590 NW56 ST  
City-St-Zip: FT. LAUDERDALE, FL 33309

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: BARBARA JEAN POWELL

SD

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date