

N23776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000184514920

09/07/10--01027--028 \*\*35.00

FILED  
2010 SEP 16 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B.A.

TB

SEP 16 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Betterment Association of the Everglades Area, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N23776

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tammy S Gervais  
Name of Contact Person

Betterment Association of the Everglades Area, Inc.  
Firm/Company

102 S. Buckner Ave Box 5029  
Address

Everglades City, FL 34139  
City/State and Zip Code

EVGBET2011@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy S Gervais at ( 239 ) 695-2277  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2010

BETTERMENT ASSOCIATION OF THE EVERGLADES AREA, INC.  
TAMMY S GERVAIS  
102 S BUCKNER AVE  
EVERGLADES CITY, FL 34139

SUBJECT: BETTERMENT ASSOCIATION OF THE EVERGLADES AREA, INC.  
Ref. Number: N23776

We have received your document for BETTERMENT ASSOCIATION OF THE EVERGLADES AREA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 610A00021533

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Betterment Association of the Everglades Area, Inc.

2. The principal office address: 102 S. Buckner Ave Everglades City, FL 34139

3. The mailing address (if different): Post Office Box 5029  
Everglades City, FL 34139

4. Date of incorporation/qualification: 12/8/1987 Document number: N23776

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Diana S Ridgway

26 Flamingo East

Everglades City, FL 34139 (resigned)

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tammy S Gervais

102 S. Buckner Ave


P.O. Box NOT acceptable

Everglades City, FL 34139

FILED  
2010 SEP 16 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Curtis Smith  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

8/05/2010  
Date

If signing on behalf of an entity:

Tammy S Gervais  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314