

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 07, 2012
Secretary of State

DOCUMENT# N23776

Entity Name: BETTERMENT ASSOCIATION OF THE EVERGLADES AREA, INC.**Current Principal Place of Business:**305 COLLIER AVE
EVERGLADES CITY, FL 34139**New Principal Place of Business:****Current Mailing Address:**PO BOX 5029
EVERGLADES CITY, FL 34139**New Mailing Address:****FEI Number:** 65-0057930**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FOSS, CAROL
305 COLLIER AVE
EVERGLADES CITY, FL 34139 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: VP
Name: SMALLWOOD, TERRY
Address: 815 S COPELAND AVE
City-St-Zip: EVERGLADES CITY, FL 34139

Title: D
Name: DANIELS, STANFORD
Address: LOT 5 PLANTATION PKY
City-St-Zip: EVERGLADES CITY, FL 34139

Title: S
Name: CARROLL, JOANN
Address: 208 COPELAND AVE
City-St-Zip: EVERGLADES CITY, FL 34139

Title: D
Name: RIDGWAY, DIANA S
Address: 26 EAST FLAMINGO
City-St-Zip: EVERGLADES CITY, FL 34139

Title: P
Name: FOSS, CAROL
Address: 417 N. BUCKNER AVE
City-St-Zip: EVERGLADES CITY, FL 34139

Title: T
Name: SMITH, CURTIS
Address: 306 COPELAND
City-St-Zip: EVERGLADES CITY, FL 34139

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: CAROL FOSS

P

12/07/2012

Electronic Signature of Signing Officer or Director

Date