

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

DOCUMENT# N25702

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

**Entity Name:** EVERGLADES PROTECTION SOCIETY, INC.

**Current Principal Place of Business:**

22951 SW 190 AVENUE  
MIAMI, FL 33170

**New Principal Place of Business:**

**Current Mailing Address:**

22951 SW 190 AVENUE  
MIAMI, FL 33170

**New Mailing Address:**

**FEI Number:** 65-0051302

**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: P  
Name: POWELL, BARBARA JEAN  
Address: 22951 S.W. 190 AVENUE  
City-St-Zip: MIAMI, FL 33170 US

Title: V  
Name: LOWERY, STEVE MR  
Address: 3043 SW ASH PL  
City-St-Zip: PALM CITY, FL 33334 US

Title: D  
Name: KIMMEL, ERIC MR  
Address: 12685 SW 200 ST  
City-St-Zip: MIAMI, FL 33177 US

Title: D  
Name: DENNINGER, FRANK  
Address: 461 E 40 ST  
City-St-Zip: HIALEAH, FL 33013 US

Title: D  
Name: RUTZKE, BARNEY J MR  
Address: 30201 S.W. 173 AVE  
City-St-Zip: HOMESTEAD, FL 33030 US

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

P

02/23/2011

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

\_\_\_\_\_  
Date