

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N38625

1. Entity Name
CHRIS EVERT CHARITIES, INC.



Principal Place of Business
**% WILSON B. GREATON JR
2601 E OAKLAND PK BLVD #405
FT LAUDERDALE, FL 33306 US**

Mailing Address
**% WILSON B. GREATON JR
2601 E OAKLAND PK BLVD #405
FT LAUDERDALE, FL 33306 US**



03232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0201663** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREATON, WILSON B. JR
2601 E OAKLAND PK BLVD
SUITE 405
FT LAUDERDALE, FL 33306**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000287700
04/04/05-80081-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	EVERT, CHRIS
STREET ADDRESS	7200 W. CAMINO REAL #310
CITY- ST- ZIP	BOCA RATON, FL
TITLE	DS
NAME	EVERT, COLETTE
STREET ADDRESS	7200 W. CAMINO REAL #310
CITY- ST- ZIP	BOCA RATON, FL
TITLE	DT
NAME	EVERT, JAMES, A.
STREET ADDRESS	7200 W. CAMINO REAL #310
CITY- ST- ZIP	BOCA RATON, FL
TITLE	DV
NAME	MILL, ANDY
STREET ADDRESS	7200 W. CAMINO REAL #310
CITY- ST- ZIP	BOCA RATON, FL
TITLE	D
NAME	GREATON, WILSON B. JR
STREET ADDRESS	2601 E OAKLAND PARK BLVD., 405
CITY- ST- ZIP	FT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James A. Evert

James A. Evert

4-1-05

954/561-0313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #