

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90014 049 \*\*\*\*61.25

<b>DOCUMENT # N38625</b> 1. Entity Name <b>CHRIS EVERT CHARITIES, INC.</b>					
Principal Place of Business <b>% WILSON B. GREATON JR</b> <b>2601 E OAKLAND PK BLVD #405</b> <b>FT LAUDERDALE, FL 33306 US</b>				Mailing Address <b>% WILSON B. GREATON JR</b> <b>2601 E OAKLAND PK BLVD #405</b> <b>FT LAUDERDALE, FL 33306 US</b>	
2. Principal Place of Business - No P.O. Box #  		3. Mailing Address  		  04102008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. <b>SUITE 201</b>		Suite, Apt. #, etc. <b>SUITE 201</b>			
City & State  		City & State  			
Zip  	Country  	Zip  	Country  	4. FEI Number <b>65-0201663</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GREATON, WILSON B. JR</b> <b>2601 E OAKLAND PK BLVD</b> <b>SUITE 405</b> <b>FT LAUDERDALE, FL 33306</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable) <b>2601 E. OAKLAND PK BLVD.</b>  <b>SUITE 201</b> City <b>FT. LAUDERDALE</b>	
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.				FL Zip Code <b>33306</b>	
SIGNATURE 				DATE <b>4/10/08</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>EVERT, CHRIS</b> <b>7200 W. CAMINO REAL #310</b> <b>BOCA RATON, FL</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>EVERT, COLETTE</b> <b>7200 W. CAMINO REAL #310</b> <b>BOCA RATON, FL</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>EVERT, JAMES, A.</b> <b>7200 W. CAMINO REAL #310</b> <b>BOCA RATON, FL</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				Date <b>4-17-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JAMES A. EVERT, Treasurer</b>				Daytime Phone # <b>954/561-0313</b>	