2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004275

FILED Mar 17, 2009 Secretary of State

Entity Name: EVERGLADES HOUSING TRUST, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 19308 S.W. 380TH STREET FLORIDA CITY, FL 33034 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 343529 P.O. BOX 343529 HOMESTEAD, FL 33034 FLORIDA CITY, FL 33034 FEI Number: 65-0959425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KIRK, STEVEN KIRK, STEVEN 19308 SW 380TH ST 19308 SW 380TH ST HOMESTEAD, FL 33034 US US FLORIDA CITY, FL 33034 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: 03/17/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KIRK, STEVEN Name: Name: 19308 S.W. 380TH STREET Address: Address: City-St-Zip: FLORIDA CITY, FL 33034 City-St-Zip: Title: VD Title: () Delete () Change () Addition GONZALEZ, DIANA Name: Name: Address: 8235 S.W. 60TH COURT Address: City-St-Zip: SOUTH MIAMI, FL City-St-Zip: Title: CD () Delete Title: () Change () Addition JENSEN, ROBERT Name: Name: 18640 S.W. 295TH TERRACE Address: Address: City-St-Zip: HOMESTEAD, FL 33032 City-St-Zip: Title: STD () Delete Title: () Change () Addition Name: LOPEZ, ARTURO Name: Address: 778 WEST PALM DRIVE Address: City-St-Zip: HOMESTEAD, FL 33034 NP City-St-Zip: Title: () Delete Title: () Change () Addition RUBIO-RIVERA, SUSAN Name: Name: 28905 S DIXIE HWY Address: Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: Title: () Delete Title: () Change () Addition VIDALES, FABIOLA Name: Name: Address: 19308 SW 380TH STREET Address: FLORIDA CITY, FL 33034 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN KIRK P 03/17/2009