

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 07 1996 8:00 am
Secretary of State

DOCUMENT # N94000000923 (2)

1. Corporation Name

THE EVERGLADES FOUNDATION, INC.



Principal Place of Business: 1919 ESPANOLA DR. ORLANDO FL 32804
Mailing Address: 1919 ESPANOLA DR. ORLANDO FL 32804

3. Date Incorporated or Qualified: 02/23/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3228899
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

9. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name: M L BARLEY
82 Street Address (P.O. Box Number is Not Acceptable): 1919 ESPANOLA DRIVE
83
84 City: ORLANDO FL 85 Zip Code: 32804

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: M L BARLEY *M. L. Barley* DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BARLEG, GEORGE M JR	
STREET ADDRESS	1919 ESPANOLA DR.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLS, JON C	
STREET ADDRESS	1215 23RD TERR.	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARLEY, MARY L	
STREET ADDRESS	1919 ESPANOLA DR.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BARLEY M L
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	E TITOM RUMBERGEN
4.3 STREET ADDRESS	201 S ORANGE AVE #300
4.4 CITY-ST-ZIP	ORLANDO FL 32804
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. L. Barley* M L BARLEY DATE: 407/839-1719

CR2E037 (12/95)

3-7-96