FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400000923 (2)

THE EVERGLADES FOUNDATION, INC.

Mailing Address

FILED Mar 12 1997 8:00am Secretary of State



1919 ESPANOLA DR. ORLANDO FL 32804		1919 ESPANOLA DR. ORLANDO FL 32804-7020	1919 ESPANOLA DR. ORLANDO FL 32804-7020						
						3. Date Incorporated or Qualified 02/23/1994	3a. Date of Let 03/07/	st Report 1996	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For	
21		26	26			4. FEI Number 59-3228899	<u> </u>	Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	3	City & State				6. Election Campaign Financing	\$5.0	00 May Be	
23		28	28			Trust Fund Contribution		led to Fees	
Zip	Country	Zip	Coun			8. This corporation has liability for	intangible tax und	er s. 199.032,	
24	25 29 30			Florida Statutes Yes No					
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81	Name				
BARLEY, M L				82 Street Address (P.O. Box Number is Not Acceptable)					
1919 ESPANOLA DRIVE				Colody recorded (1.5. Box rearring)					
ORLAND	O FL 32804			63					
				84	City		85	Zip Code	
				احا	City		FL [°° '	in cone	
11. Pursuant t	to the provisions of Sections 617	0502 and 617.1508, Florida State	ites, the a	bove	-named co	rporation submits this statement for the p	urpose of changir	ig 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		2						1	
SIGNATURE _	Signature, typed or printed name of registers	d agent and title if applicable (NC	TE: Register	ed Ager	nt signature req	uired when reinstating)	DATE		
12.		AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	FORS IN 12	
TITLE	SD	☐ DELETE	1.11	1.1 TITLE			Chan	ge Addition	
NAME	MILLS, JON C		1.21	KAME				j	
STREET ADDRESS	1215 23RD TERR.		1.3 STRE		ADDRESS			}	
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST	r- ZIP					
TITLE	D	DELETE	DELETE 2.1 TITI				☐ Chan	ge Addition	
NAME	BARLEY, M L 23		2.21	NAME					
STREET ADDRESS	1919 ESPANOLA DR.		2.3 5	2.3 STREET ADDRESS					
CITY-ST-ZIP	ODLANDO EL DOGGA		2.4	2. 4 CITY - ST - ZIP		•	, .		
TITLE			IITLE			☐ Chan	nge Addition		
NAME .	RUMBERGER, E THOM 3.2		MANE						
STREET ADDRESS	ANA O ADAMOF AND MANO		STREET	ADDRESS					
CITY-ST-ZIP	ODLANDO EL DOCCO		CITY-S						
TITLE			TITLE			☐ Chan	ge Addition		
NAME			4. 2	NAME				ļ	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	440			CITY - ST					
TITLE		DELETE					☐ Chan	ge Addition	
NAME		_	5.2 NAME						
STREET ADDRESS					ADDRESS				
CITY ST ZIP				CITY - ST					
TITLE				TITLE	2.1		☐ Char	ige Addition	
NAME			•	NAME					
STREET ADDRESS			1		ADDRESS				
					- 1				
CITY-ST-ZIP	a partifushat the information our	aliad with this filips does not as		CITY-ST		ed in Section 110 07/2\(i) Florida Statuta	a I di sudhaa aasadid . a	ah ad dh a	

4. I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97 467

707/801-17/1 Daytime Phone # 0016464