

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 SEP 20 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08282007 Chg-NP CR2E037 (12/06)

DOCUMENT # N94000000923				
1. Entity Name THE EVERGLADES FOUNDATION, INC.				
Principal Place of Business 18001 OLD CUTLER RD STE 625 MIAMI, FL 33157		Mailing Address 18001 OLD CUTLER RD STE 625 MIAMI, FL 33157		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 59-3228899				Address for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, ROBERT C EVERGLADES FOUNDATION 18001 OLD CUTLER RD PALMETTO BAY, FL 33157	7. Name and Address of New Registered Agent Name Mark Kraus Street Address (P.O. Box Number is Not Acceptable) Everglades Foundation 18001 Old Cutler Road City Palmetto Bay FL Zip Code 33157
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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 *Mark L. Kraus* *Mark L. Kraus* 9/13/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	SD MILLS, JON L <input type="checkbox"/> Delete 2727 NW 58TH BLVD GAINESVILLE, FL 32806	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400110063644 09/28/07--01058--002 **\$61.25
STREET ADDRESS CITY-ST-ZIP	VCD BARLEY, M L <input type="checkbox"/> Delete 11 DELEON AVE ISLAMORADA, FL 33036	STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barley, M L 11 Deleon Avenue Isamorada, FL 33036
TITLE NAME	P SMITH, ROBERT C <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	18001 OLD CUTLER RD, STE 625 PALMETTO BAY, FL 33157	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	TD PITTS, W. DOUGLAS SR. <input type="checkbox"/> Delete 703 WATERFORD WAY, SUITE 800 MIAMI, FL 33126	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	VCD REED, NATHANIEL P <input type="checkbox"/> Delete 11844 S.E. DIXIE HWY, SUITE C HOBE SOUND, FL 33455	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	D RILEY, WILLIAM <input type="checkbox"/> Delete 767 5TH AVE., 44TH FL NEW YORK, NY 10153	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<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: *Mark L. Kraus* 9/13/07 305.664.5598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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