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1995 MAY -1 AM 11:28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N94000003102 (0)**

1. Corporation Name

FRIENDS OF THE MUSEUM OF THE EVERGLADES, INC.

100001472402
-05/03/95--01021--006
*****70.00 *****70.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 677 EVERGLADES CITY FL 33929	P.O. BOX 677 EVERGLADES CITY FL 33929

3. Date Incorporated or Qualified: 06/17/1994
3a. Date of Last Report:
4. FEI Number: 65-0526773 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. *This corporation has liability for intangible tax under § 199.032, Florida Statutes* ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEWART, JAMES C JR. STEWART & STORTER, ATTORNEYS AT LAW STE. 106, 1725 COUNTY RD. 951 GOLDEN GATE FL 33999	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME TUFF, JUDY STREET ADDRESS P.O. BOX 3373 N/A CITY ST ZIP EVERGLADES CITY FL 33929	11 TITLE V/D ☒ Change ☐ Addition 12 NAME Tuff, Judy 13 STREET ADDRESS ~~P.O. Box 3373,~~ 209 Riverside Dr. 14 CITY ST ZIP ~~Everglades City, FL 33929~~
TITLE D NAME REEVES, PAULINE STREET ADDRESS 410 STORTER AVE. CITY ST ZIP EVERGLADES CITY FL 33929	21 TITLE P/D ☒ Change ☐ Addition 22 NAME Reeves, Pauline 23 STREET ADDRESS 410 Storter Ave. 24 CITY ST ZIP Everglades City, FL 33929
TITLE D NAME DAVENPORT, CLAUDIA STREET ADDRESS P.O. BOX 246 CITY ST ZIP EVERGLADES CITY FL 33929	31 TITLE V/D ☒ Change ☐ Addition 32 NAME Davenport, Claudia 33 STREET ADDRESS ~~P.O. Box 246~~, 501 Copeland Ave. 34 CITY ST ZIP Everglades City, FL 33929
TITLE NAME STREET ADDRESS CITY ST ZIP	41 TITLE T/D ☐ Change ☒ Addition 42 NAME Tiffy Frances 43 STREET ADDRESS 238 Mamie St. 44 CITY ST ZIP Chokoloskee, FL 33925
TITLE NAME STREET ADDRESS CITY ST ZIP New!	51 TITLE S/D ☐ Change ☒ Addition 52 NAME Frost, Elizabeth 53 STREET ADDRESS ~~P.O. Box 933~~ 475 W Flamingo Dr. 54 CITY ST ZIP Everglades City, FL 33929
TITLE D ☐ Change ☒ Addition NAME Freeman, Hazel STREET ADDRESS PO Box 359, 777 Copeland Ave. 17M CITY ST ZIP Everglades City FL 33929	61 TITLE D ☐ Change ☒ Addition 62 NAME Campbell, Betty 63 STREET ADDRESS ~~P.O. Box 173~~ 711 W Flamingo Dr. 64 CITY ST ZIP Everglades City, FL 33929

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)(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: Judy L Tuff — 3-23-95 — 813-695-2334

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

0000283