# 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

DOCUMENT # **N94000003102 (0)**

1. Corporation Name
**FRIENDS OF THE MUSEUM OF THE EVERGLADES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 677<br>EVERGLADES CITY FL 33929 | P.O. BOX 677<br>EVERGLADES CITY FL 33929 |

3. Date Incorporated or Qualified: 06/17/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 65-0526773 ☐ Applied For ☐ Not Applicable

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

**9. Name and Address of Current Registered Agent**

STEWART, JAMES C JR.
STEWART & STORTER, ATTORNEYS AT LAW
STE. 106, 1725 COUNTY RD. 951
GOLDEN GATE FL 33999

**10. Name and Address of New Registered Agent**

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>TUFF, JUDY<br>209 RIVERSIDE DR.<br>EVERGLADES CITY FL 33929 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D<br>Brock, Jan<br>17810 Burns Rd.<br>Ochopee FL 33943 | ☐ Change ☒ Addition XX |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>REEVES, PAULINE<br>410 STORTER AVE.<br>EVERGLADES CITY FL 33929 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | PD<br>Reeves, Pauline<br>410 Storter Ave.<br>Everglades City FL 33929 | ☒ Change XX ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>DAVENPORT, CLAUDIA<br>801 COPELAND AVE.<br>EVERGLADES CITY FL 33929 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>William Greeman<br>48 Flamingo E.<br>Everglades City, FL 33929 | ☐ Change ☒ Addition X |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>TIFFT, FRANCES<br>228 MAMIE ST.<br>CHOKOLOSKEE FL 33925 | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D<br>Tifft, Frances<br>228 Mamie St.<br>Chokoloskee, FL 33925 | ☒ Change XX ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>FROST, ELIZABETH<br>75 W. FLAMINGO DR.<br>EVERGLADES CITY FL 33929 | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | TD<br>Hazel Greeman<br>48 Flamingo E.<br>Everglades City, FL 33929 | ☐ Change ☒ Addition X |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CAMPBELL, BETTY<br>71 W. FLAMINGO DR.<br>EVERGLADES CITY FL 33929 | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Pauline Reeves PAULINE REEVES, PRES. 4-25-96 941-695-2903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)