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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 EVERGLADES CITY FL 33929	P.O. BOX 677 EVERGLADES CITY FL 34139-0677

3. Date Incorporated or Qualified: 06/17/1994
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business	2a. Mailing Address
21 CITY HALL	26
Suite, Apt. #, etc. 22 UPSTAIRS - NOT NUMBERED	Suite, Apt. #, etc. 27
City & State 23 EVERGLADES CITY, FL	City & State 28
Zip 24 34139 — Country 25 USA	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

TITLE	VD	☒ DELETE
NAME	TUFF, JUDY	
STREET ADDRESS	209 RIVERSIDE DR.	
CITY-ST-ZIP	EVERGLADES CITY FL 33929	
TITLE	PD	☐ DELETE
NAME	REEVES, PAULINE	
STREET ADDRESS	410 STORTER AVE.	
CITY-ST-ZIP	EVERGLADES CITY FL 34139	
TITLE	VD	☐ DELETE
NAME	DAVENPORT, CLAUDIA	
STREET ADDRESS	801 COPELAND AVE. 34139	
CITY-ST-ZIP	EVERGLADES CITY FL ~~33929~~	
TITLE	D	☒ DELETE
NAME	TIFFT, FRANCES	
STREET ADDRESS	228 MAMIE ST.	
CITY-ST-ZIP	CHOKOLOSKEE FL	
TITLE	SD	☐ DELETE
NAME	FROST, ELIZABETH	
STREET ADDRESS	75 W. FLAMINGO DR.	
CITY-ST-ZIP	EVERGLADES CITY FL ~~33929~~ 34139	
TITLE	D	☐ DELETE
NAME	CAMPBELL, BETTY	
STREET ADDRESS	71 W. FLAMINGO DR.	
CITY-ST-ZIP	EVERGLADES CITY FL ~~33929~~ 34139	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	☐ Change ☒ Addition
1.2 NAME	WILLIAM GREEMAN	
1.3 STREET ADDRESS	48 FLAMINGO DR.	
1.4 CITY-ST-ZIP	EVERGLADES CITY, FL 34139	
2.1 TITLE	TD	☐ Change ☒ Addition
2.2 NAME	HAZEL GREEMAN	
2.3 STREET ADDRESS	48 FLAMINGO DR.	
2.4 CITY-ST-ZIP	EVERGLADES CITY, FL 34139	
3.1 TITLE	SD	☐ Change ☒ Addition
3.2 NAME	SUZANNE DAY	
3.3 STREET ADDRESS	803 COLLIER AVE	
3.4 CITY-ST-ZIP	EVERGLADES CITY, FL 34139	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	LEANNE KURRLE	
4.3 STREET ADDRESS	35 PLANTATION DR.	
4.4 CITY-ST-ZIP	EVERGLADES CITY, FL 34139	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	FROST, ELIZABETH	
5.3 STREET ADDRESS	75 FLAMINGO DR.	
5.4 CITY-ST-ZIP	EVERGLADES CITY, FL 34139	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	CECIL OGLESBY	
6.3 STREET ADDRESS	777 S. COPELAND AVE	
6.4 CITY-ST-ZIP	EVERGLADES CITY, FL 34139	

14. I do hereby 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: [signature] REQUIRED — 4-29-97 — 941-695-2403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/96)