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FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003102 (0)**

1. Corporation Name

FRIENDS OF THE MUSEUM OF THE EVERGLADES, INC.



Principal Place of Business

Mailing Address

**CITY HALL
UPSTAIRS-NOT NUMBERED
EVERGLADES CITY FL 34139
US**

**P.O. BOX 677
EVERGLADES CITY FL 33929**

3. Date Incorporated or Qualified

06/17/1994

4. FEI Number

65-0526773

Applied For

Not Applicable

2. Principal Place of Business

21 City Hall

Suite, Apt. #, etc.

22 Upstairs - not numbered

City & State

23 Everglades City, FL

Zip

24 34139

Country

25 US

2a. Mailing Address

26 PO Box 677

Suite, Apt. #, etc.

City & State

28 Everglades City, FL

Zip

29 34139

Country

30 US

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **GREEMAN, WILLIAM**
STREET ADDRESS **48 FLAMINGO DR**
CITY-ST-ZIP **EVERGLADES CITY FL 34139**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Leanne Kurrle**
1.3 STREET ADDRESS **35 Plantation Dr.**
1.4 CITY-ST-ZIP **Everglades City, FL 34139** ☐ Change ☒ Addition

TITLE **PD** ☐ DELETE
NAME **REEVES, PAULINE**
STREET ADDRESS **410 STORTER AVE.**
CITY-ST-ZIP **EVERGLADES CITY FL 34139**

2.1 TITLE **MD** ☐ Change ☒ Addition
2.2 NAME **Suzanne Day**
2.3 STREET ADDRESS **803 Collier Ave.**
2.4 CITY-ST-ZIP **Everglades City, FL 34139**

TITLE **VD** ☒ DELETE
NAME **DAVENPORT, CLAUDIA**
STREET ADDRESS **801 COPELAND AVE.**
CITY-ST-ZIP **EVERGLADES CITY FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Davenport, Claudia**
3.3 STREET ADDRESS **209 Riverside Dr.**
3.4 CITY-ST-ZIP **Everglades City, FL 34139**

TITLE **TD** ☐ DELETE
NAME **GREEMAN, HAZEL**
STREET ADDRESS **48 FLAMINGO DR.**
CITY-ST-ZIP **34139**
XHOKOKOSKEE FL Everglades City, FL

4.1 TITLE **VD** ☐ Change ☒ Addition
4.2 NAME **Jan Brock**
4.3 STREET ADDRESS **17810 Burns Rd**
4.4 CITY-ST-ZIP **Ochopee, FL 34141**

TITLE **D** ☐ DELETE
NAME **FROST, ELIZABETH**
STREET ADDRESS **75 W. FLAMINGO DR.**
CITY-ST-ZIP **EVERGLADES CITY FL 34139**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CAMPBELL, BETTY**
STREET ADDRESS **71 W. FLAMINGO DR.**
CITY-ST-ZIP **EVERGLADES CITY FL 34139**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

Pauline Reeves

4-1-98

941-695-2403

CP2E037 (10/97)