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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003102

1. Corporation Name

FRIENDS OF THE MUSEUM OF THE EVERGLADES, INC.

Principal Place of Business

CITY HALL
UPSTAIRS
EVERGLADES CITY FL 34139
US

Mailing Address

P O BOX 677
EVERGLADES CITY FL 34139
US



2. Principal Place of Business

21 Museum of the Everglades

Suite, Apt. #, etc.

22 105 Broadway

City & State

23 Everglades City, FL

Zip

24 34139

Country

25 U.S.

2a. Mailing Address

26 P.O. Box 677

Suite, Apt. #, etc.

27

City & State

28 Everglades City, FL

Zip

29 34139

Country

30 U.S.

3. Date Incorporated or Qualified

06/17/1994

4. FEI Number

65-0526773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **KURPLE, LEANNE**
STREET ADDRESS **35 PLANTATION DR**
CITY-ST-ZIP **EVERGLADES CITY FL 34139**

TITLE **SD** ☒ DELETE

NAME **DAY, SUZANNE**
STREET ADDRESS **803 COLLIER AVE**
CITY-ST-ZIP **EVERGLADES CITY FL 34139**

TITLE **D** ☐ DELETE

NAME **DAVENPORT, CLAUDIA**
STREET ADDRESS **209 RIVERSIDE DR**
CITY-ST-ZIP **EVERGLADES CITY FL 34139**

TITLE **VD** ☐ DELETE

NAME **BROCK, JAN**
STREET ADDRESS **17810 BURNS RD**
CITY-ST-ZIP **OCOPEE FL 34141**

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **Pauline Reeves**
1.3 STREET ADDRESS **410 Storter Ave.**
1.4 CITY-ST-ZIP **Everglades City, FL 34139**

2.1 TITLE **SD** ☒ Change ☐ Addition

2.2 NAME **Barbara Portz**
2.3 STREET ADDRESS **36 Flamingo Dr**
2.4 CITY-ST-ZIP **Everglades City, FL 34139**

3.1 TITLE **VD** ☐ Change ☒ Addition

3.2 NAME **Greeman, William**
3.3 STREET ADDRESS **48 Flamingo DR**
3.4 CITY-ST-ZIP **Everglades City, FL 34139**

4.1 TITLE **TD** ☐ Change ☒ Addition

4.2 NAME **Greeman, Hazel**
4.3 STREET ADDRESS **48 Flamingo DR**
4.4 CITY-ST-ZIP **Everglades City, FL 34139**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Pauline Reeves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pauline Reeves

3-26-99

941-695-2403

Date

Daytime Phone #

CR2E037 (11/98)