DOCUMENT # N94000003102

1. Entity Name

FRIENDS OF THE MUSEUM OF THE EVERGLADES, INC.

FILED

00 SEP 22 AM 11:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
MUSEUM OF THE EVERGLADES 105 BROADWAY EVERGLADES CITY FL 34139 US	MUSEUM OF THE EVERGLADES 105 BROADWAY EVERGLADES CITY FL 34139 US

2. Principal Place of Business	3. Mailing Address
	P.O. Box 677
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Everglades City, FL
Zip / Country	Zip: 34139 / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. 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	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

100003415521--7
-10/05/00--01038--016
~~*****61.25~~ *****61.25

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

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KURRLE, LEANNE 35 PLANTATION DR EVERGLADES CITY FL 34139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAM GREEMAN 48 Flamingo Drive E Everglades City, FL 34139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PORTZ, BARBARA 36 FLAMINGO DR EVERGLADES CITY FL 34139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHERYL HENDERSON 209 RIVERSIDE DR EVERGLADES CITY, FL 34139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVENPORT, CLAUDIA 209 RIVERSIDE DR EVERGLADES CITY FL 34139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAULINE REEVES 410 Storter Ave Everglades City, FL 34139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BROCK, JAN 17810 BURNS RD OCOPEE FL 34141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FROST, ELIZABETH 75 W. FLAMINGO DR. EVERGLADES CITY FL 34139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL, BETTY 71 W. FLAMINGO DR. EVERGLADES CITY FL 34139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KE	☐ Change ☐ Addition

CR2E037 (5/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cheryl C. Henderson CHERYL C. HENDERSON 9/20/2000

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