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DOCUMENT # N9400003102  1. Entity Name								
FRIENDS OF THE MUSEUM OF THE EVERGLADES, INC.					FILED			
Principal Place of Business Mailing Address				G	00 SEP 22 AM 11: 46			
MUSEUM OF THE EVERGLADES  105 BROADWAY  EVERGLADES CITY FL 34139  US  MUSEUM OF THE EVERGLADES  105 BROADWAY  EVERGLADES CITY FL 34139  US  US				S TA	ECRETARY OF STA LLAHASSEE FLORI	TE IBA Iour IIII (1811 18	112 <b>5</b> 21 <b>0</b> 11 2 <b>0</b> 02	
2. Principal Place of Business		3. Mailing Address P. D. Box 677			- - 1			
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		Every ades	City & State Reglades City, FL		4. FEI Number 65-0526773 Applied For Not Applicable			
Zip	Country	3439	Country	5. Certificate	of Status Desired	\$8.75 Addi		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Registered	Agent		
Name								
STEWART, JAMES C JR. STEWART & STORTER, ATTORNEYS AT LAW STE. 106, 1725 COUNTY RD. 951				Street Address (P.O. Box Number is Not Acceptable)				
GOLDEN GATE FL 33999			City		Fl.	Zip Code	,	
8. The above	e named entity submits this statement for	or the purpose of changing its		•		1-	_>	
				1 L	:00003 <b>415</b> 000/05/000		16	
SIGNATURE ,	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signs	ture required when reinstating)	**************************************			
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	FILE NOW: FEE IS \$61.25 tember 13, 2000 min. will be \$2		npaign Financing ontribution.	\$5.00 May Be Added to Fees	Make Check Departmen			
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