2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000003102

Entity Name: FRIENDS OF THE MUSEUM OF THE EVERGLADES, INC.

FILED Mar 21, 2002 8:00 AM Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
MUSEUM OF THE EVERGLADES 105 BROADWAY EVERGLADES CITY, FL 34139 US							
Current Mailing Address:			New Mailing Address:				
P.O. BOX 677 EVERGLADES CITY, FL 34139							
FEI Number: 65-0526773 FEI Number Applied For () FEI Num			mber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: 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 US							
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.							
SIGNATURE:							
Electronic Signature of Registered Agent			Date				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () KURRLE, LEAN 35 PLANTATION EVERGLADES O	DR		Title: Name: Address: City-St-Zip:	D (X HUFF, PATTY 207 N STORTE EVERGLADES	R AVE	() Addition 34139
Title: Name: Address: City-St-Zip:	PORTZ, BARBAI 36 FLAMINGO D			Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	DAVENPORT, C 209 RIVERSIDE	() Delete /ENPORT, CLAUDIA RIVERSIDE DR :RGLADES CITY, FL 34139		Title: Name: Address: City-St-Zip:	PD (X DAVENPORT, 209 RIVERSID EVERGLADES	CLAUDIA E DR	() Addition 34139
Title: Name: Address: City-St-Zip:	BRYAN, HELEN 212 MAMIE STR	· ,		Title: Name: Address: City-St-Zip:	D (X CHOBOT, KER 221 S BUCKNE EVERGLADES	RIE ER	() Addition 34139
Title: Name: Address: City-St-Zip:	PD () GREENMAN, WI 48 FLMAINGO D EVERGLADES C	RIVE E		Title: Name: Address: City-St-Zip:	VD (X GREENMAN, V 48 FLMAINGO EVERGLADES	VILLIAM DRIVE E	() Addition 34139
Title: Name: Address: City-St-Zip:	TD () HENDERSON, C 209 RIVERSIDE EVERGLADES C	DR.		Title: Name: Address: City-St-Zip:	TD (X CAMPBELL, BI 71 W FLAMING EVERGLADES	ETTY SO DR	() Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY CAMPBELL TD 03/21/2002

CAROL SMITH 304 ALLEN AVE EVERGLADES CITY, FL 34139

D MARYA REPKO BARRON RIVER VILLAS BEGONIA ST EVERGLADES CITY, FL 34139