2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2004
Secretary of State

DOCUMENT# N94000003102

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

Current Principal Place of Business:

MUSEUM OF THE EVERGLADES
105 BROADWAY
EVERGLADES CITY, FL 34139 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 677
EVERGLADES CITY, FL 34139

New Mailing Address:

FEI Number: 65-0526773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWART, JAMES C JR.
STEWART & STORTER, ATTORNEYS AT LAW
9180 GALLERIA COURT, SUITE 700
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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:

Title: P/D ( ) Delete
Name: HUFF, PATTY
Address: 207 N STORTER AVE
City-St-Zip: EVERGLADES CITY, FL 34139

Title: S/D ( ) Delete
Name: PORTZ, BARBARA
Address: 36 E FLAMINGO DR
City-St-Zip: EVERGLADES CITY, FL 34139

Title: D ( ) Delete
Name: DAVENPORT, CLAUDIA
Address: 209 RIVERSIDE DR
City-St-Zip: EVERGLADES CITY, FL 34139

Title: V/D ( ) Delete
Name: CHOBOT, KERRIE
Address: 221 S BUCKNER AVE
City-St-Zip: EVERGLADES CITY, FL 34139

Title: T/D ( ) Delete
Name: KANNING, VIRGINIA S
Address: 625 N BUCKNER AVE
City-St-Zip: EVERGLADES CITY, FL 34139

Title: D ( ) Delete
Name: CAMPBELL, BETTY
Address: 71 W FLAMINGO DR
City-St-Zip: EVERGLADES CITY, FL 34139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S/D (X) Change ( ) Addition
Name: REPKO, MARYA
Address: 803 COLLIER AVE
City-St-Zip: EVERGLADES CITY, FL 34139

Title: V/D (X) Change ( ) Addition
Name: DAVENPORT, CLAUDIA
Address: 209 RIVERSIDE DR
City-St-Zip: EVERGLADES CITY, FL 34139

Title: D (X) Change ( ) Addition
Name: MOSEMAN, CAROL
Address: 710 N BUCKNER AVE
City-St-Zip: EVERGLADES CITY, FL 34139

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: VIRGINIA S KANNING T/D 03/20/2004

Electronic Signature of Signing Officer or Director — Date

D APRIL BRETON
310 S STORTER AVE
EVERGLADES CITY, FL 34139

D LEANNE KURRLE
35 PLANTATION DR
EVERGLADES CITY, FL 34139