

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90189 019 ****61.25

0024756

DOCUMENT # N94000000923

1. Corporation Name

THE EVERGLADES FOUNDATION, INC.

Principal Place of Business

1919 ESPANOLA DR.
ORLANDO FL 32804

Mailing Address

1919 ESPANOLA DR.
ORLANDO FL 32804



2. Principal Place of Business

21 11 DELEON AVENUE

2a. Mailing Address

26 P O BOX 1915

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ISLAMORADA FL

City & State

28 ISLAMORADA FL

Zip Country

24 33036 25 USA

Zip Country

29 33036 30 USA

3. Date Incorporated or Qualified

02/23/1994

4. FEI Number

59-3228899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BARLEY, M L
1919 ESPANOLA DRIVE
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

11 DELEON AVENUE

83

84

City ISLAMORADA

FL

85 Zip Code

33036

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

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

M L BARLEY CHAIR

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SD
MILLS, JON C
STREET ADDRESS 2727 NW 58TH BLVD
CITY-ST-ZIP GAINESVILLE FL 32806

TITLE ☐ DELETE

NAME D
BARLEY, M L
STREET ADDRESS 1919 ESPANOLA DR.
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ DELETE

NAME D
RUMBERGER, E THOM
STREET ADDRESS 201 S ORANGE AVE #300
CITY-ST-ZIP ORLANDO FL 32802

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

11 DELEON AVENUE
ISLAMORADA FL 33036

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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:

M L Barley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/99 305/664-5598

CR2E037 (11/98)