


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2004 8:00 am**  
**Secretary of State**

07-28-2004 90021 014 \*\*\*\*61.25

<b>DOCUMENT # N94000000923</b>					
<b>1. Entity Name</b> THE EVERGLADES FOUNDATION, INC.					
<b>Principal Place of Business</b> 11 DELEON AVE ISLAMORADA, FL 33036			<b>Mailing Address</b> PO BOX 1915 ISLAMORADA, FL 32036		
<b>2. Principal Place of Business</b> 1645 PALM BEACH LAKES BLVD Suite, Apt. #, etc. SUITE 480		<b>3. Mailing Address</b> 1645 PALM BEACH LAKES BLVD Suite, Apt. #, etc. SUITE 480			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH FL			
Zip 33401	Country USA	Zip 33401	Country USA	07132004 Chg-NP CR2E037 (10/03)	
<b>6. Name and Address of Current Registered Agent</b> BARLEY, M L 11 DE LEON AVE. ISLAMORADA, FL 33036				<b>7. Name and Address of New Registered Agent</b> Name <u>ROBERT C SMITH</u> Street Address (P.O. Box Number is Not Acceptable) EVERGLADES FOUNDATION 1645 PALM BEACH LAKES BLVD - SUITE 480 City <u>WEST PALM BEACH</u> <u>FL</u> Zip Code <u>33401</u>	
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: <u>Robert C. Smith</u> <u>ROBERT C. SMITH, PRESIDENT</u> x <u>7/26/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLS, JON C 2727 NW 58TH BLVD GAINESVILLE, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PAUL TUDOR JONES II 1275 KING STREET GREENWICH, CT 06831	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BARLEY, M L 11 DELEON AVE ISLAMORADA, FL 33036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BARLEY, M L 11 DELEON AVE ISLAMORADA FL 33036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUMBERGER, E THOM 9002 EAGLES RIDGE DR TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT C SMITH EVERGLADES FOUNDATION 1645 PALM BEACH LAKES BLVD - STE 480 WEST PALM BEACH FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PITTS, DOUGLAS W SR. 701 BRICKELL AVE. MIAMI, FL 331312822	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROCHELLE BECK EVERGLADES FOUNDATION 1645 PALM BEACH LAKES BLVD - STE 480 WEST PALM BEACH FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD REED, NATHANIEL P PO BOX 1213 HOBE SOUND, FL 33475	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, WILLIAM 767 5TH AVE., 44TH FL NEW YORK, NY 10153	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>					
SIGNATURE: <u>Robert C. Smith</u> <u>ROBERT C. SMITH</u> x <u>7/26/04</u> (561) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #</small>					