2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005
Secretary of State

DOCUMENT# N94000000923

Entity Name: THE EVERGLADES FOUNDATION, INC.

Current Principal Place of Business:

1645 PALM BEACH LAKES BLVD
STE 480
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1645 PALM BEACH LAKES BLVD
STE 480
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-3228899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, ROBERT C
EVERGLADES FOUNDATION
1645 PALM BEACH GARDENS BLVD STE 480
WEST PALM BEACH, FL 33401 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:	SD	( ) Delete
Name:	MILLS, JON C	
Address:	2727 NW 58TH BLVD	
City-St-Zip:	GAINESVILLE, FL 32806	
Title:	VCD	( ) Delete
Name:	BARLEY, M L	
Address:	11 DELEON AVE	
City-St-Zip:	ISLAMORADA, FL 33036	
Title:	P	( ) Delete
Name:	SMITH, ROBERT C	
Address:	1645 PALM BEACH LAKES BLVD-STE 480	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	TD	( ) Delete
Name:	PITTS, DOUGLAS W SR.	
Address:	701 BRICKELL AVE.	
City-St-Zip:	MIAMI, FL 331312822	
Title:	VCD	( ) Delete
Name:	REED, NATHANIEL P	
Address:	PO BOX 1213	
City-St-Zip:	HOBE SOUND, FL 33475	
Title:	D	( ) Delete
Name:	RILEY, WILLIAM	
Address:	767 5TH AVE., 44TH FL	
City-St-Zip:	NEW YORK, NY 10153	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MARY BARLEY VCD 05/06/2005

Electronic Signature of Signing Officer or Director — Date