


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90018 046 ****61.25

DOCUMENT # N94000000923 1. Entity Name THE EVERGLADES FOUNDATION, INC.					
<i>change both to 2+3 below</i> Principal Place of Business <input checked="" type="checkbox"/> 1645 PALM BEACH LAKES BLVD STE 480 WEST PALM BEACH, FL 33401				Mailing Address <input checked="" type="checkbox"/> 1645 PALM BEACH LAKES BLVD STE 480 WEST PALM BEACH, FL 33401	
2. Principal Place of Business 18001 Old Cutler Road Suite, Apt. #, etc. Suite 625 City & State Palmetto Bay, FL Zip 33157		3. Mailing Address 18001 Old Cutler Road Suite, Apt. #, etc. Suite 625 City & State Palmetto Bay, FL Zip 33157		03152006 Chg-NP CR2E037 (11/05)	
Country Miami-Dade		Country Miami-Dade		4. FEI Number 59-3228899	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SMITH, ROBERT C EVERGLADES FOUNDATION 1645 PALM BEACH GARDENS BLVD STE 480 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name SMITH, Robert C. Everglades Foundation Street Address (P.O. Box Number is Not Acceptable) 18001 Old Cutler Road Suite 625 City Palmetto Bay FL Zip Code 33157		
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.					
SIGNATURE <u><i>Bob Smith, President Everglades Foundation</i></u> DATE <u><i>3/18/2006</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	VCD BARLEY, M L 11 DELEON AVE ISLAMORADA, FL 33036	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, ROBERT C 1645 PALM BEACH LAKES BLVD-STE 480 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
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	VCD REED, NATHANIEL P PO BOX 1213 HOBE SOUND, FL 33475	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, WILLIAM 767 5TH AVE., 44TH FL NEW YORK, NY 10153	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			President SMITH Robert C. 18001 Old Cutler Road, Suite 625 Palmetto Bay, FL 33157		
SIGNATURE: <u><i>Bob Smith</i></u>			Date <u><i>3/18/2006</i></u>		Daytime Phone # <u><i>305-251-0007</i></u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					