

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000923

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: THE EVERGLADES FOUNDATION, INC.

## Current Principal Place of Business:

18001 OLD CUTLER RD  
STE 625  
MIAMI, FL 33157

## New Principal Place of Business:

## Current Mailing Address:

18001 OLD CUTLER RD  
STE 625  
MIAMI, FL 33157

## New Mailing Address:

FEI Number: 59-3228899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRAUS, MARK PH.D.  
EVERGLADES FOUNDATION  
18001 OLD CUTLER RD  
PALMETTO BAY, FL 33157 US

## Name and Address of New Registered Agent:

KRAUS, MARK L PH.D.  
EVERGLADES FOUNDATION  
18001 OLD CUTLER RD  
PALMETTO BAY, FL 33157 US

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: MARK L. KRAUS

02/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: MILLS, JON L  
Address: 2727 NW 58TH BLVD  
City-St-Zip: GAINESVILLE, FL 32806

Title: PD ( ) Delete  
Name: BARLEY, M L  
Address: 11 DELEON AVE  
City-St-Zip: ISLAMORADA, FL 33036

Title: TD ( ) Delete  
Name: PITTS, W. DOUGLAS SR.  
Address: 703 WATERFORD WAY, SUITE 800  
City-St-Zip: MIAMI, FL 33126

Title: VCD ( ) Delete  
Name: REED, NATHANIEL P  
Address: 11844 S.E. DIXIE HWY, SUITE C  
City-St-Zip: HOBE SOUND, FL 33455

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 L. BARLEY

PD

02/24/2009

Electronic Signature of Signing Officer or Director

Date