

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000923

Entity Name: THE EVERGLADES FOUNDATION, INC.**Current Principal Place of Business:**18001 OLD CUTLER RD
STE 625
PALMETTO BAY, FL 33157**Current Mailing Address:**18001 OLD CUTLER RD
STE 625
PALMETTO BAY, FL 33157**FEI Number:** 59-3228899**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UPTON, ANNA ESQ
9005 EAGLES RIDGE DRIVE
TALLAHASSEE, FL 32312 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SD
Name	MILLS, JON L
Address	2727 NW 58TH BLVD
City-State-Zip:	GAINESVILLE FL 32806
Title	VCTD
Name	DE LA CRUZ, CARLOS JR.
Address	460 SOUTH MASHTA DRIVE
City-State-Zip:	KEY BISCAYNE FL 33149
Title	P
Name	EIKENBERG, ERIC J
Address	18001 OLD CUTLER ROAD, STE 625
City-State-Zip:	PALMETTO BAY FL 33157

Title	VCD
Name	FIELD, MARSHALL
Address	THE OLD MOUNTAIN COMPANY, INC.
	225 WEST WACKER DRIVE SUITE 1500
City-State-Zip:	CHICAGO IL 60606
Title	VCD
Name	REED, NATHANIEL P
Address	11844 S.E. DIXIE HWY, SUITE C
City-State-Zip:	HOBE SOUND FL 33455
Title	C
Name	JONES, PAUL T II
Address	1275 KING STREET
City-State-Zip:	GREENWICH CT 06831

I hereby 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 all other like empowered.

SIGNATURE: ERIC J. EIKENBERG

CEO

03/24/2014

Electronic Signature of Signing Officer/Director Detail_____
Date