

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003102

Entity Name: FRIENDS OF THE MUSEUM OF THE EVERGLADES, INC.**Current Principal Place of Business:**MUSEUM OF THE EVERGLADES
105 WEST BROADWAY
EVERGLADES CITY, FL 34139**Current Mailing Address:**P.O. BOX 677
EVERGLADES CITY, FL 34139**FEI Number:** 65-0526773**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEWART, JAMES CJR.
STEWART & STORTER, ATTORNEYS AT LAW
9180 GALLERIA COURT, SUITE 700
NAPLES, FL 34109 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	VP
Name	HUFF, PATRICIA
Address	207 N STORTER AVE
City-State-Zip:	EVERGLADES CITY FL 34139

Title	PD
Name	WELLS, VICKY
Address	210 SOUTH COPELAND AVENUE
City-State-Zip:	EVERGLADES CITY FL 34139

Title	SD
Name	WALFIELD, LINDA
Address	231 BUCKNER AVENUE S
City-State-Zip:	EVERGLADES CITY FL 34139

Title	D
Name	SASSAMAN, MARLENE
Address	DUPONT STREET
City-State-Zip:	EVERGLADES CITY FL 34139

Title	TD
Name	GARRETT, GEORGIA
Address	136 FLICKER LANE
City-State-Zip:	EVERGLADES CITY FL 34139

Title	D
Name	BRYAN, HELEN
Address	169 N LOPEZ LANE
City-State-Zip:	CHOKOLOSKEE FL 34138

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: GEORGIA GARRETT**TREASURER****04/14/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date