2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N0000001517 1. Entity Name							Secretary of State					
THE EVE	RGLADES PROJECT, INC.											
Principal Place of Business Ma			Mailing Address									
			1350 RIVER REACH DR									
		#201 FT LAUDERDALE FL 33315										
, i chosein	D/ 12 1 2 000 10		,52.13/12/12/0									
2. Principal Place of Business 3		3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				MOORE CR2E037 (11/03) 4. FEI Number Applied For					
City & Stat	e	City & State					4. FEI Number 6	5-1004356	<u> </u>		Applicable	
Zip	Zip Country		Zip		Country		Certificate of Status Desired					
	6. Name and Address of Current R	egistered	Agent				7. Name and Add	ress of New Ro	gistered Agent			
					Name							
MINNICK, BRUCE A 2874 REMINGTON GREEN CIR TALLAHASSEE FL 32308				Street Address (P.O. Box Number is Not Acceptable)								
					City				FL Zp	Code		
8. The above	named entity submits this statement for	the purpo:	se of changing its r	egister	ed office or re	egister	ed agent, or both, in	the State of Flo	rida. I am familiar i	with, a	nd accept	
the obligat	ions of registered agent.			•		~	,					
SIGNATURE	Minstick Bruce Signature, typed or printed name of registered agent an	4 nd lijie il applic	able (NOTE	Registere	d Agent signature	required	when reinstating)	01-	27-04 DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004			Election Campaign Financing Trust Fund Contribution.			3	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State				
10.	OFFICERS AND DIRE	CTORS		11.		F	ADDITIONS/CHANG	S TO OFFICE	S AND DIRECTOR	S IN 1	0	
TITLE	D COLUMN TO CHARLES O		☐ Defete	RIL	E				☐ Cha	uđe	Addition	
name Street address City-St-Zip	SCHULTZ, CHARLES C 1350 RIVER BEACH DRIVE, #201 FORT LAUDERDALE FL 33315			E ET ADDRESS -ST-ZIP		U00000028751 02/04/04-80038-013 61.25						
HILE	s		☐ Delete	BIL	E	,			Cha	nge	Addition	
NAME	MINNICK, BRUCE A			NAN	•							
STREET ADDRESS	2874 REMINGTON GREEN CICRLE TALLAHASSEE FL 32308				ET ADDRESS							
CITY - ST- ZIP	VPD			_	-ST-ZIP						T taken	
TITLE NAME	BORTON, CHAPPE		☐ Delete	TITE NAM					☐ Cha	ude	Addition	
STREET ADDRESS	1519 YATE DRIVE				ET ADDRESS							
CITY-ST-ZIP	HOLLYWOOD FL 33021			City	-ST-ZIP							
IIILE	D		☐ Defete	गार	E	,	,		☐ Cha	aiđe	Addition	
NAME	ALEXANDER, CECIL LEO			NAN			•					
STREET ADDRESS CITY-ST-ZIP	FORT LAUDERDALE FL				EET ADORESS - ST-ZIP							
TITLE			☐ Delete	TITE					☐ Cha	ence.	Addition	
NAME				NAM						u iyo		
Street Address					EET ADDRESS							
CITY-ST-ZIP				CITY	'-ST-ZIP							
TITLE			☐ Defete	BIL	š				Cha	ınge	☐ Addition	
NAME	•			MAM	3							
STREET ADDRESS CITY-ST-ZIP	Section 1				EET ADDRESS (+ST-ZIP							
A111 P3. F12	<u> </u>			4	<u></u>		ction 119.07(3)(i). Flo				·	

12. Thereby certify that the information supplied with this triing does not quality for the exemption stated in Section 1.19.07(3)(i). Florida statetes, 1 further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made underceath, 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.

SIGNATURE:

01-27-04 (954) 540-7197

FILED