2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001998

Address:

City-St-Zip:

40 WEST 20TH STREET

NEW YORK, NY 10011

FILED Jul 02, 2004 Secretary of State

Entity Name: EVERGLADES DEFENSE COUNCIL, INC. **Current Principal Place of Business: New Principal Place of Business:** 24 DOCKSIDE LANE PMB 197 KEY LARGO, FL 33037 **Current Mailing Address: New Mailing Address:** 24 DOCKSIDE LANE PMB 197 KEY LARGO, FL 33037 FEI Number: 65-0990497 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FARAGO, ALAN D 5825 SUŃSET AVE, SUITE 302 MIAMI, FL 33143 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FARAGO, ALAN Name: Name: Address: 24 DOCKSIDE LANE, PMB 197 Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: RITZ, DAVID Name: Address: 24 DOCKSIDE LANE, PMB 506 Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: Title: STD () Delete Title: () Change () Addition SEWELL, BRAD Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: DAVID RITZ VD 07/02/2004