

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000001998

FILED  
Oct 09, 2009  
Secretary of State

Entity Name: EVERGLADES DEFENSE COUNCIL, INC.

## Current Principal Place of Business:

35 OCEAN REEF DR  
SUITE 200  
KEY LARGO, FL 33037

## New Principal Place of Business:

## Current Mailing Address:

24 DOCKSIDE LANE  
PMB 505  
KEY LARGO, FL 33037

## New Mailing Address:

FEI Number: 65-0990497      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

FARAGO, ALAN D  
5825 SUNSET AVE, SUITE 302  
MIAMI, FL 33143      US

## Name and Address of New Registered Agent:

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: DAVID C. RITZ

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: FARAGO, ALAN  
Address: 24 DOCKSIDE LANE, PMB 505  
City-St-Zip: KEY LARGO, FL 33037

Title: VD      ( ) Delete  
Name: RITZ, DAVID  
Address: 24 DOCKSIDE LANE, PMB 506  
City-St-Zip: KEY LARGO, FL 33037

Title: S      ( ) Delete  
Name: LUNSFORD, GREGORY  
Address: 21558 SW 87TH PLACE  
City-St-Zip: MIAMI, FL 33189

## 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:

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: DAVID C. RITZ

VD

10/09/2009

Electronic Signature of Signing Officer or Director

Date