

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90039 050 ****61.25

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1. Entity Name
EVERGLADES COALITION, INC.



Principal Place of Business
**16343 JUPITER FARMS ROAD
JUPITER, FL 33478**

Mailing Address
**P.O. BOX 1902
JUPITER, FL 33478**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
35-2242463

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KENNEDY, SUSAN A
16343 JUPITER FARMS ROAD
JUPITER, FL 33478**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, MARK	
STREET ADDRESS	890 OCEAN BOULEVARD	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROSSO, RICHARD B	
STREET ADDRESS	424 FARMINGTON DRIVE	
CITY-ST-ZIP	PLANTATION, FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHENOWITH, MICHAEL F	
STREET ADDRESS	PO BOX 236	
CITY-ST-ZIP	HOMESTEAD, FL 330900236	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRYOR, BARBARA	
STREET ADDRESS	8640 PASA DENA BLVD	
CITY-ST-ZIP	PEMBROKE PINES, FL 330243339	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARTSELL, ROBERT N	
STREET ADDRESS	2407 SE 14TH ST	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, SUSAN A	
STREET ADDRESS	16343 JUPITER FARMS ROAD	
CITY-ST-ZIP	JUPITER, FL 33478	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonathan Ullman	
STREET ADDRESS	2700 SW 3rd Ave, Suite 2F	
CITY-ST-ZIP	Miami, FL 33129	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dawn Sherriffs	
STREET ADDRESS	190 Ives Dairy Road, Suite 106	
CITY-ST-ZIP	Miami, FL 33179	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Hecker	
STREET ADDRESS	1450 Merrihue Drive	
CITY-ST-ZIP	Naples, FL 34102	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Mark D. Perry, Director