2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 04, 2009
Secretary of State

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Entity Name: EVERGLADES COALITION, INC.

Current Principal Place of Business:

450 NORTH PARK ROAD
301
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

450 NORTH PARK ROAD
301
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 35-2242463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADORNATO, JOHN III
450 NORTH PARK ROAD
301
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

ADORNATO, JOHN III
5316 NE 5TH AVENUE
OAKLAND PARK, FL 33334 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: _____ 11/04/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PERRY, MARK
Address: 890 OCEAN BOULEVARD
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete
Name: GROSSO, RICHARD B
Address: 424 FARMINGTON DRIVE
City-St-Zip: PLANTATION, FL 33314

Title: D ( ) Delete
Name: CHENOWITH, MICHAEL F
Address: PO BOX 236
City-St-Zip: HOMESTEAD, FL 330900236

Title: D ( ) Delete
Name: ULLMAN, JONATHAN
Address: 2700 SW 3RD AVE, SUITE 2F
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete
Name: SHIRREFFS, DAWN
Address: 190 IVES DAIRY ROAD, SUITE 106
City-St-Zip: MIAMI, FL 33179

Title: D ( ) Delete
Name: HECKER, JENNIFER
Address: 1450 MERRIHUE DRIVE
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ADORNATO, JOHN F III
Address: 450 NORTH PARK ROAD #301
City-St-Zip: HOLLYWOOD, FL 33021

Title: D (X) Change ( ) Addition
Name: FAIN, SARA
Address: 450 NORTH PARK ROAD #301
City-St-Zip: HOLLYWOOD, FL 33021

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: SARA FAIN D 11/04/2009
Electronic Signature of Signing Officer or Director — Date