


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90045 047 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N50263

1. Corporation Name

EVERGLADES RESTORATION MOVEMENT INC.
 Principal Place of Business
 2215 NW 30TH PLACE
 POMPANO BEACH FL 33069

 Mailing Address
 2215 NW 30TH PLACE
 POMPANO BEACH FL 33069


| | | | | | |
|---|--|---|--|--|--|
| 2. Principal Place of Business 21 2215 N.W. 30 PL Suite, Apt. #, etc. | | 2a. Mailing Address 26 Same Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 08/05/1992 | |
| 22 City & State 23 Pompano, FL | | 27 City & State | | 4. FEI Number 65-0355074 Applied For Not Applicable | |
| 24 Zip 33069 | | 25 Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 26 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

 MURCH, CHRIS
 2215 N.W. 30 PLACE
 POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

 81 Name
 None
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0505 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARTHOLOMEW, ELLA | 1.2 NAME | |
| STREET ADDRESS | 2215 N.W. 30 PLACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH FL 33069 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FISKE, BRIAN | 2.2 NAME | |
| STREET ADDRESS | 6523 BRANDYWIND DRIVE S. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARGATE FL 33063 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KROPKE, CHARLES | 3.2 NAME | |
| STREET ADDRESS | 555 JEFFERSON DR., UNIT 103 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Scott Hemingway | 4.2 NAME | |
| STREET ADDRESS | 2215 N.W. 30 PL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | Pompano, FL 33069 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Stellan Hill | 5.2 NAME | |
| STREET ADDRESS | 2215 N.W. 30 PL | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | Pompano, FL 33069 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)