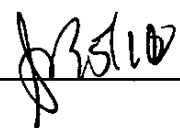
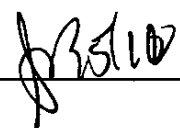
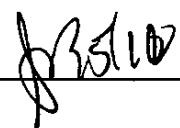
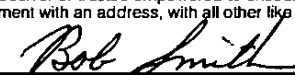


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N94000000923 1. Entity Name THE EVERGLADES FOUNDATION, INC.						FILED 06 MAY 10 PM 12:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 18001 OLD CUTLER RD STE 625 MIAMI, FL 33157				Mailing Address 18001 OLD CUTLER RD STE 625 MIAMI, FL 33157						
2. Principal Place of Business		3. Mailing Address				04192006 Chg-NP CR2E037 (11/05)				
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
City & State		City & State								
Zip		Country								
4. FEI Number 59-3228899				Applied For Not Applicable						
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent SMITH, ROBERT C EVERGLADES FOUNDATION 18001 OLD CUTLER RD PALMETTO BAY, FL 33157				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 reappointing) DATE										
Amended AR is \$61.25		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	SD MILLS, JON C ☐ Delete			TITLE	SD ☒ Change ☐ Addition					
NAME	MILLS, JON C			NAME	Mills, Jon L.					
STREET ADDRESS	2727 NW 58TH BLVD			STREET ADDRESS	2727 NW 58th Blvd.					
CITY-ST-ZIP	GAINESVILLE, FL 32806			CITY-ST-ZIP	Gainesville, FL 32806					
TITLE	VCD ☐ Delete			TITLE	☐ Change ☐ Addition					
NAME	BARLEY, M L			NAME						
STREET ADDRESS	11 DELEON AVE			STREET ADDRESS						
CITY-ST-ZIP	ISLAMORADA, FL 33036			CITY-ST-ZIP						
TITLE	P ☐ Delete			TITLE	☐ Change ☐ Addition					
NAME	SMITH, ROBERT C			NAME						
STREET ADDRESS	18001 OLD CUTLER RD, STE 625			STREET ADDRESS						
CITY-ST-ZIP	PALMETTO BAY, FL 33157			CITY-ST-ZIP						
TITLE	TD ☐ Delete			TITLE	TD ☒ Change ☐ Addition					
NAME	PITTS, DOUGLAS W SR.			NAME	W. Douglas Pitts, Sr.					
STREET ADDRESS	701 BRICKELL AVE.			STREET ADDRESS	703 Waterford Way, Suite 800					
CITY-ST-ZIP	MIAMI, FL 331312822			CITY-ST-ZIP	Miami, FL 33126					
TITLE	VCD ☐ Delete			TITLE	VCD ☒ Change ☐ Addition					
NAME	REED, NATHANIEL P			NAME	Nathaniel P. Reed					
STREET ADDRESS	PO BOX 1213			STREET ADDRESS	11844 S.E. Dixie Hwy, Suite C					
CITY-ST-ZIP	HOBE SOUND, FL 33475			CITY-ST-ZIP	Hobe Sound, FL 33455					
TITLE	D ☐ Delete			TITLE	☐ Change ☐ Addition					
NAME	RILEY, WILLIAM			NAME						
STREET ADDRESS	767 5TH AVE., 44TH FL			STREET ADDRESS						
CITY-ST-ZIP	NEW YORK, NY 10153			CITY-ST-ZIP						
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: 				4/20/06		305-251-0001				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #				