2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N94000000923

Entity Name: THE EVERGLADES FOUNDATION, INC.

Current Principal Place of Business:

18001 OLD CUTLER RD
STE 625
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

18001 OLD CUTLER RD
STE 625
MIAMI, FL 33157

New Mailing Address:

FEI Number: 59-3228899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAUS, MARK PH.D.
EVERGLADES FOUNDATION
18001 OLD CUTLER RD
PALMETTO BAY, FL 33157 US

Name and Address of New Registered Agent:

KRAUS, MARK L PH.D.
EVERGLADES FOUNDATION
18001 OLD CUTLER RD
PALMETTO BAY, FL 33157 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: MARK L. KRAUS 02/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: MILLS, JON L
Address: 2727 NW 58TH BLVD
City-St-Zip: GAINESVILLE, FL 32806

Title: PD ( ) Delete
Name: BARLEY, M L
Address: 11 DELEON AVE
City-St-Zip: ISLAMORADA, FL 33036

Title: TD ( ) Delete
Name: PITTS, W. DOUGLAS SR.
Address: 703 WATERFORD WAY, SUITE 800
City-St-Zip: MIAMI, FL 33126

Title: VCD ( ) Delete
Name: REED, NATHANIEL P
Address: 11844 S.E. DIXIE HWY, SUITE C
City-St-Zip: HOBE SOUND, FL 33455

Title: D ( ) Delete
Name: RILEY, WILLIAM
Address: 767 5TH AVE., 44TH FL
City-St-Zip: NEW YORK, NY 10153

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:

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: MARY L. BARLEY PD 02/24/2009
Electronic Signature of Signing Officer or Director Date