

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90045 042 ****61.25

DOCUMENT # N94000003102					
1. Entity Name FRIENDS OF THE MUSEUM OF THE EVERGLADES, INC.					
Principal Place of Business MUSEUM OF THE EVERGLADES 105 BROADWAY EVERGLADES CITY, FL 34139 US			Mailing Address P.O. BOX 677 EVERGLADES CITY, FL 34139		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03142005 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0526773				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STEWART, JAMES C JR. STEWART & STORTER, ATTORNEYS AT LAW 9180 GALLERIA COURT, SUITE 700 NAPLES, FL 34109			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P/D <input type="checkbox"/> Delete NAME HUFF, PATTY STREET ADDRESS 207 N STORTER AVE CITY-ST-ZIP EVERGLADES CITY, FL 34139	TITLE V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HUFF, PATTY STREET ADDRESS 207 N STORTER AVE CITY-ST-ZIP EVERGLADES CITY, FL 34139				
TITLE S/D <input type="checkbox"/> Delete NAME REPKO, MARYA STREET ADDRESS 803 COLLIER AVE CITY-ST-ZIP EVERGLADES CITY, FL 34139	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME KURRLE, LEANNE STREET ADDRESS 35 PLANTATION DR CITY-ST-ZIP EVERGLADES CITY, FL 34139				
TITLE V/D <input type="checkbox"/> Delete NAME DAVENPORT, CLAUDIA STREET ADDRESS 209 RIVERSIDE DR CITY-ST-ZIP EVERGLADES CITY, FL 34139	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DAVENPORT, CLAUDIA STREET ADDRESS 209 RIVERSIDE DR CITY-ST-ZIP EVERGLADES CITY, FL 34139				
TITLE D <input type="checkbox"/> Delete NAME MOSEMAN, CAROL STREET ADDRESS 710 N BUCKNER AVE CITY-ST-ZIP EVERGLADES CITY, FL 34139	TITLE P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MOSEMAN, CAROL STREET ADDRESS 710 N BUCKNER AVE CITY-ST-ZIP EVERGLADES CITY, FL 34139				
TITLE T/D <input type="checkbox"/> Delete NAME KANNING, VIRGINIA S STREET ADDRESS 625 N BUCKNER AVE CITY-ST-ZIP EVERGLADES CITY, FL 34139	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME BRETON, APRIL STREET ADDRESS 310 S STORTER AVE CITY-ST-ZIP EVERGLADES CITY, FL 34139				
TITLE D <input type="checkbox"/> Delete NAME CAMPBELL, BETTY STREET ADDRESS 71 W FLAMINGO DR CITY-ST-ZIP EVERGLADES CITY, FL 34139	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME PORTZ, BARBARA STREET ADDRESS 36 E FLAMINGO DR CITY-ST-ZIP EVERGLADES CITY, FL 34139				
12. 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 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: <u>VIRGINIA S. KANNING</u> <u>TREASURER</u> <u>MARCH 14, 2005</u> <u>239-695-2223</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Daytime Phone #</small>					