


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90028 046 \*\*\*\*61.25

<b>DOCUMENT # N94000003102</b> 1. Entity Name <b>FRIENDS OF THE MUSEUM OF THE EVERGLADES, INC.</b>					
Principal Place of Business <b>MUSEUM OF THE EVERGLADES</b> <b>105 BROADWAY</b> <b>EVERGLADES CITY, FL 34139 US</b>			Mailing Address <b>P.O. BOX 677</b> <b>EVERGLADES CITY, FL 34139</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0526773</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>STEWART, JAMES C JR.</b> <b>STEWART &amp; STORTER, ATTORNEYS AT LAW</b> <b>9180 GALLERIA COURT, SUITE 700</b> <b>NAPLES, FL 34109</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
Filing Fee is \$81.25 Due by May 1, 2006				\$5.00 May Be Added to Fees	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HUFF, PATTY 207 N STORTER AVE EVERGLADES CITY, FL 34139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BURKE, SUNNY 24 EGRET AVE EVERGLADES CITY, FL 34139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D REPKO, MARYA 803 COLLIER AVE EVERGLADES CITY, FL 34139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURRLE, LEANNE 35 PLANTATION DR. EVERGLADES CITY, FL 34139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVENPORT, CLAUDIA 209 RIVERSIDE DR EVERGLADES CITY, FL 34139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTZ, BARBARA 36 E. FLAMINGO DR. EVERGLADES CITY, FL 34139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MOSEMAN, CAROL 710 N BUCKNER AVE EVERGLADES CITY, FL 34139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INESON, HANNAH 207 S. STORTER AVE EVERGLADES CITY, FL 34139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D KANNING, VIRGINIA S 625 N BUCKNER AVE EVERGLADES CITY, FL 34139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, BETTY 71 W FLAMINGO DR EVERGLADES CITY, FL 34139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>VIRGINIA S. KANNING</u> <u>March 10, 2006</u> <u>239-695-2223</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					