


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90064 025 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0526773	
				Applied For <input type="checkbox"/> 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	V/D <input type="checkbox"/> Delete		TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUFF, PATTY		NAME	SUNNY BLAKE	
STREET ADDRESS	207 N STORTER AVE		STREET ADDRESS	24 EGRET LN	
CITY-ST-ZIP	EVERGLADES CITY, FL 34139		CITY-ST-ZIP	EVERGLADES CITY, FL 34139	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KURRLE, LEANNE		NAME	BARBARA PORTZ	
STREET ADDRESS	35 PLANTATION DR		STREET ADDRESS	36 E. FLAMINGO DR	
CITY-ST-ZIP	EVERGLADES CITY, FL 34139		CITY-ST-ZIP	EVERGLADES CITY, FL 34139	
TITLE	SD <input type="checkbox"/> Delete		TITLE		
NAME	BARNES, ROBIN		NAME		
STREET ADDRESS	61 W. FLAMINGO DR.		STREET ADDRESS		
CITY-ST-ZIP	EVERGLADES CITY, FL 34139		CITY-ST-ZIP		
TITLE	P/D <input type="checkbox"/> Delete		TITLE		
NAME	MOSEMAN, CAROL		NAME		
STREET ADDRESS	710 N BUCKNER AVE		STREET ADDRESS		
CITY-ST-ZIP	EVERGLADES CITY, FL 34139		CITY-ST-ZIP		
TITLE	T/D <input type="checkbox"/> Delete		TITLE		
NAME	KANNING, VIRGINIA S		NAME		
STREET ADDRESS	625 N BUCKNER AVE		STREET ADDRESS		
CITY-ST-ZIP	EVERGLADES CITY, FL 34139		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE		
NAME	INESON, HANNAH		NAME		
STREET ADDRESS	207 S STORTER AVE		STREET ADDRESS		
CITY-ST-ZIP	EVERGLADES CITY, FL 34139		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: <u><i>Virginia S. Kanning</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3-6-2008</u> <small>Date</small>		<u>239-695-2223</u> <small>Daytime Phone #</small>