2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003102

FILED Jan 21, 2011 Secretary of State

Entity Name: FRIENDS OF THE MUSEUM OF THE EVERGLADES, INC.

Current Principal Place of Business: New Principal Place of Business:

MUSEUM OF THE EVERGLADES 105 WEST BROADWAY EVERGLADES CITY, FL 34139 US

Current Mailing Address: New Mailing Address:

P.O. BOX 677

EVERGLADES CITY, FL 34139

FEI Number: 65-0526773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEWART, JAMES C JR. STEWART & STORTER, ATTORNEYS AT LAW 9180 GALLERIA COURT, SUITE 700 NAPLES, FL 34109 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP

Name: HUFF, PATRICIA Address: 207 N STORTER AVE

City-St-Zip: EVERGLADES CITY, FL 34139

Title: PD

Name: RAU, RENEE'
Address: 105 W BROADWAY

City-St-Zip: EVERGLADES CITY, FL 34139

Title: SD

 Name:
 RACKLEY, JANE

 Address:
 201 N COPELAND AVE

 City-St-Zip:
 EVERGLADES CITY, FL 34139

Title:

Name: PORTZ, BARBARA Address: 36 FLAMINGO DR E

City-St-Zip: EVERGLADES CITY, FL 34139

Title: TD

Name: KANNING, VIRGINIA S Address: 625 N BUCKNER AVE

City-St-Zip: EVERGLADES CITY, FL 34139

Title: [

 Name:
 BRYAN, HELEN

 Address:
 169 N LOPEZ LANE

 City-St-Zip:
 CHOKOLOSKEE, FL 34138

I hereby 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 all other like empowered.

SIGNATURE: VIRGINIA S. KANNING TD 01/21/2011