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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004936 (0)

1. Corporation Name
THE NSFRE EVERGLADES CHAPTER, INC.

Principal Place of Business	Mailing Address
% NCH COMMUNITY RELATIONS 350 7TH ST., NORTH NAPLES FL 33940	% NCH COMMUNITY RELATIONS 350 7TH ST., NORTH NAPLES FL 34102-5754

3. Date Incorporated or Qualified: 10/04/1994
3a. Date of Last Report: 06/27/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0470229 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LANTZY, EARL JR
4092 BELAIR LANE
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: Bingham, James G.
82 Street Address (P.O. Box Number is Not Acceptable): c/o NCH Community Relations
83: 350 7th Street
84 City: Naples FL 85 Zip Code: 34102

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: James G. Bingham
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BINGHAM, JAMES G		1.2 NAME	
STREET ADDRESS	350 7TH STREET.		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILBORN, KENNETH A		2.2 NAME	
STREET ADDRESS	YMCA 5450 YMCA ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, DIANE F		3.2 NAME	
STREET ADDRESS	DIABETES FAD 850 6TH AVE N		3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ARCE, BETSY		4.2 NAME	
STREET ADDRESS	3001 TAMIAMI TRAIL NO 201		4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	
TITLE	VPD	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WOLIVER, SALLY M		5.2 NAME	
STREET ADDRESS	5370 6TH AVE SW		5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33999		5.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, KADY		6.2 NAME	
STREET ADDRESS	5867 WHITTAKER RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33941		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James G. Bingham

CR2E037 (9/96)