SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Aug 13 1998 8:00am
Secretary of State

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 33940

3. Date Incorporated or Qualified: 10/04/1994

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

2. Principal Place of Business	2a. Mailing Address
21 625 ANCHOR Rode D	26 625 ANCHOR Rode DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 NAPLES, FL	28 NAPLES FL
24 Zip 34103 25 Country USA	29 Zip 34103 30 Country USA

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BINGHAM, JAMES G C/O NCH COMMUNITY RELATIONS 350 7TH ST NAPLES FL 34102	81 Name JON LABAHN 82 Street Address (P.O. Box Number is Not Acceptable) 625 ANCHOR Rode DR. 83 84 City NAPLES FL 85 Zip Code 34103

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 accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE Jon D Labahn TRES D DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BINGHAM, JAMES G 350 7TH STREET. NAPLES FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD DAVID BOWERS NCH FDT 324 GOODLETT Rd. So NAPLES, FL 34102-6426	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WILBORN, KENNETH A YMCA 5450 YMCA ROAD NAPLES FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VPD SHARON MADSEN CONSERVANCY of SW FL 1450 MERRIHUE DR. NAPLES, FL 34102-3449	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BENNETT, DIANE F DIABETES FAD 850 6TH AVE N NAPLES FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SEC D DAVID URICH 1318 CALOOSA VISTA DR. FT. MYERS, FL 33901-8854	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ARCE, BETSY 3001 TAMIAMI TRAIL NO 201 NAPLES FL	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TRES D JON LABAHN 625 ANCHOR Rode DR. NAPLES, FL 34103	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/98)

14. 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 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: Jon D. Labahn 7-16-98 941-403-0788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #