FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED

98 JUN 15 PM 1:35

1. Corporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA
THE EVERGREEN FUND FOUNDATION, INC.							TALLAHASSEE, FLORIUA
THE EXEMINICAL FORD LOCALIDATION, MO.							
Principal Place of Business Malling Address							* 144 144 144 144 144 144 144 144 144 14
				1116 MIRAMAR DRIVE			3. Date Incorporated or Qualified
DELRAY BEAC	H FL 33483		DELH	DELRAY BEACH FL 33483			02/04/1997
							4. FEI Number Applied For 31–1511732 Applied For
2. Principal P	in a Bourle		12- 1	On Malling Address			
	r thu r D		28.	Mailing Address 112 Arthu:	r Drive		5. Certificate of Status Desired \$8.75 Additional
Suite, Apt.				Suite, Apt. #, etc.			Fee Required 6. Election Campaign Financing \$5.00 May Be
22	Ė		27				Trust Fund Contribution Added to Fees
City & Stat		Mary Tama	—¬	City & State	T		7. Is this nonprofit corporation a homeowners association?
124	anawkii	, New Jers	- 1291	lanahawkin			3.00 2.10
Zip 24 080.	50	Country USA	<u> </u>	Zip 08050	Count	ry SA	8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes No
24] 000		and Address of Cu			[30] U	<u> </u>	Personal Property Tax due June 30. ½ Yes LI No 10. Name and Address of New Registered Agent
					8	1 Name	
S EUAS.	HERBERT				8	Street	et Address (P.O. Box Number is Not Acceptable)
1116 MIRAMAR DRIVE							or readings (r. o. pox (dumper to representation)
DELRAY	B e ach fl	_ 33483			8	3	
					8	4 City	85 Zip Code
44 5	<u> </u>		****	4500 E			
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 tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE	Signature, typed	or printed name of registere	ed agent and little if a	applicable (N	OTE: Registered A	gent algnatur	sture required when reinstating) DATE
12.		OFFICERS	AND DIRECT		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	j			[] DELETE	1.1 TITLE		D/P Lange K Addition
NAME	3 :7				1.2 NAMI		James C. Finkle
STREET ADDRESS	4					ET ADDRESS	O OVAI DIIVE
CITY-ST-ZIP TITLE	<u> </u>			DELETE	1.4 CITY 2.1 TITLE		Essex Falls, NJ 07021 D/S Change Addition
NAME	7				2.2 NAM		Jerry D'Alessio
STREET ADDRESS	;				2.3 STRE	ET ADDRESS	
CITY ST-ZIP	ţ				2.4 CITY	-ST-ZIP	Belleville, N.I U7109
TITLE	i.			☐ DELETÉ	3.1 TITLE		D/T Change Addition
NAME	1				3.2 NAM		Jennifer Luongo
STREET ADDRESS						ET ADDRESS	S 113 Garden Avenue Belleville, NJ 07109
CITY-ST-ZIP				DELETE	3.4. CITY		DELLEVILLE, NJ U/1U9
TITLE NAME				- 0000	4.1 TITLE 4. 2 NAM		Executive Director Change Lot Addition
STREET ADDRESS						ET ADDRESS	Thomas D'Alessio
CITY-ST-ZIP	4				4.4 CITY-		Manahawkin, MJ 08050
TITLE	- 2			DELETE	5.1 TITLE		Change Addition
NAME					5.2 NAMI		8000025665664-0 -06/19/9801119-001
STREET ADDRESS	: # :: ::				5.3 STRE	ET ADDRESS	s -06/19/9801119-1801
CITY-ST-ZIP	<u> </u>		·	T	5.4 CITY		*****61.25 *******61.25
TITLE	2 1			DELETE	6.1 TITLE		90000256 6568
NAME OTREET LOCATES	*				6.2 NAMI		-06/19/98- - 01115002
STREET ADDRESS	<u> </u>					ET ADDRESS	******8.75 ******8.75
CITY-ST-ZIP	L <u>i</u>				6.4 CITY	-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify on the exemplian 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 trusted 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.

52-6061