FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700000636

1. Corporation Name

THE EVERGREEN FUND FOUNDATION, INC.

Principal Place of Business 112 ARTHUR DRIVE MANAHAWKIN NJ 08050

Mailing Address

112 ARTHUR DRIVE MANAHAWKIN NJ 08050

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90290 047 ****61.25

	ace of Business		a. Mailing Address		02/04/1997					
Suite Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	Appl	ied For			
22					31-1511732	Not /	Applicable			
	City & State City & State				LE Codificate of Status Desired LL	\$8.75 Additional Fee Required				
23	28				3. Certificate of Status Desired					
Zip	Country Zip			•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
24	25	29	30	Trust Fund Contribution			Fees			
	9. Name and Address of Curren	Registered Agent			10. Name and Address of New Registered Agent	<u> </u>				
			81	Name	6					
seijas, f	IERBERT		82	82 Street Address (P.O. Box Number is Not Acceptable)						
1116 MIR/	amar drive									
DELRAY 6	BEACH FL 33483		. 83				ĺ			
-	-		84	City	i= , 85	Zip Co	de			
•				'	<u> </u>	<u>L</u>				
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	ites, the abov	e-name	ed corporation submits this statement for the purpose of chang reporation's board of directors. I hereby accept the appointmen	jing its re t as real:	sgistered stered			
office of h	egistered agent, or both, in the State of medical managers and accept the obligat	ions of, Section 617.0503, Fl	orida Statute:	ine coi	polation's board of directors. Filotopy decept the appearance					
SIGNATURE						_				
	Signature, typed or printed name of registered agen			nt signeture required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
<u>12.</u>	OFFICERS AN		13.			hange	Addition			
τιτι.ε	DP LANGE OF	☐ DELETE	1.1 TITLE			mange				
NAME	FINKLE, JAMES C		1.2 NAME							
STREET ADDRESS	6 OVAL DRIVE		1.3 STREE	TADORES	35					
CITY-ST-ZIP	ESSEX FALLS NJ 07021		1,4 CITY-5	T-ZIP		hange	Addition			
TITLE	DS	☐ DELETE	2.1 TITLE			nange				
NAME	D'ALESSIO, JERRY		2.2 NAME							
STREET ADDRESS	54 BELLEVUE AVENUE		2.3 STREE	TADDRES	es .					
CITY-ST-ZIP	BELLEVILLE NJ 07109		2.4 CITY-	ST-ZIP						
шл.	DT	☐ DELETE	3.1 TITLE		\ \	hange	Addition			
NAME	-Luongo, Jennifer		3.2 NAME							
STREET ADDRESS	113 GARDEN AVENUE		3.3 STREE	TADDRES	SS					
CITY-ST-ZIP	BELLEVIEW NJ 07109		3.4. CITY-	ST-ZIP_			- L 1000			
TITLE	ED	☐ DELETE	4.1 TTLE		i no	hange	☐ Addition			
NAME	D'ALESSIO, THOMAS		4. 2 NAME		<u> </u>					
STREET ADDRESS	112 ARTHUR DRIVE		4.3 STREE	TADDRES	88					
CITY-ST-ZIP	MANAHAWKIN NJ 08050		4,4 CITY-	T-ZIP_						
TITLE		☐ DEFELE	5.1 TITLE		1	hange	☐ Addition			
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	TADDRES	SS (
CITY-ST-ZIP	<u> </u>		5.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE			hange	☐ Addition			
NAME			6.2 NAME		\					
STREET ADDRESS			6.3 STREE	TADDRES	ss į					
CITY-ST-ZIP			6.4 CITY-	T-ZIP						

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, with all other the empowered.

SIGNATURE: