2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700000636

FILED Jan 27, 2008 Secretary of State

Entity Name: THE EVERGREEN FUND FOUNDATION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
19670 BEACH ROAD JUPITER ISLAND, FL 33469				720 SOUTH COLLIER BOULEVARD MARCO ISLAND, FL 34145	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
405 NORT	ERSON & CON THFIELD AVEN ANGE, NJ 07	NUE			
FEI Number	: 31-1511732	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:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 3332	IND ROAD			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title:					
Name: Address:	DP (FINKLE, JAME 6 OVAL DRIVE ESSEX FALLS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	FINKLE, JAME 6 OVAL DRIVE ESSEX FALLS	S C : ; NJ 07021) Delete ERRY AVENUE	Name: Address:	() Change () Addition () Change () Addition	
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: City-St-Zip:	FINKLE, JAME 6 OVAL DRIVE ESSEX FALLS DS (D'ALESSIO, JE 54 BELLEVUE BELLEVILLE, I	S C , NJ 07021) Delete ERRY AVENUE NJ 07109) Delete NIFER AVE 27C	Name: Address: City-St-Zip: Title: Name: Address:	· · · · · · · · · · · · · · · · · · ·	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS D'ALESSIO ED 01/27/2008