

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718554

**FILED**  
**Mar 28, 2023**  
**Secretary of State**  
**2548405918CC**

**Entity Name:** FRIENDS OF THE EVERGLADES, INC.

**Current Principal Place of Business:**

3727 SE OCEAN BLVD  
SUITE 200  
STUART, FL 34996

**Current Mailing Address:**

11767 SOUTH DIXIE HWY. #232  
MIAMI, FL 33156 US

**FEI Number:** 23-7099893

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

STEVEN J. HENRIQUEZ CPA, LLC  
5825 SUNSET DR  
201  
MIAMI, FL 33143 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            KUSHLAN, PHILIP F  
Address        11767 SOUTH DIXIE HWY. #232  
City-State-Zip: MIAMI FL 33156

Title            CONSERVATION CHAIR  
Name            FARAGO, ALAN  
Address        11767 SOUTH DIXIE HWY. #232  
City-State-Zip: MIAMI FL 33156

Title            DIRECTOR  
Name            STEIN, ROBERT  
Address        11767 SOUTH DIXIE HWY. #232  
City-State-Zip: MIAMI FL 33156

Title            SECRETARY  
Name            WASHBURN, CONSTANCE  
Address        11767 SOUTH DIXIE HWY. #232  
City-State-Zip: MIAMI FL 33156

Title            DIRECTOR  
Name            WICKSTROM, BLAIR  
Address        3727 SE OCEAN BLVD  
                 SUITE 200  
City-State-Zip: STUART FL 34996

Title            VP  
Name            UPTON, PETER  
Address        3727 SE OCEAN BLVD  
                 SUITE 200  
City-State-Zip: STUART FL 34996

Title            DIRECTOR  
Name            LINVILLE, NATHANIEL  
Address        11767 SOUTH DIXIE HWY. #232  
City-State-Zip: MIAMI FL 33156

Title            DIRECTOR  
Name            QUARESMA-SHARP, CAMILA  
Address        11767 SOUTH DIXIE HWY. #232  
City-State-Zip: MIAMI FL 33156

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** EVE SAMPLES

**EXECUTIVE DIRECTOR**

**03/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PRESTON, DAVID  
Address 900 SE FEDERAL HWY  
SUITE 323  
City-State-Zip: STUART FL 34994

Title EXECUTIVE DIRECTOR  
Name SAMPLES, EVE  
Address 3727 SE OCEAN BLVD  
SUITE 200  
City-State-Zip: STUART FL 34996

Title DIRECTOR  
Name JUDAH, RAY  
Address 900 SE FEDERAL HWY  
SUITE 323  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name MITCHELL, ROBERT  
Address 900 SE FEDERAL HWY  
SUITE 323  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name VAIVADA, MILDA  
Address 11767 SOUTH DIXIE HWY. #232  
City-State-Zip: MIAMI FL 33156

Title TREASURER  
Name TROTTA, RICHARD  
Address 900 SE FEDERAL HWY  
SUITE 323  
City-State-Zip: STUART FL 34994

Title DIRECTOR  
Name TRUJILLO, SYLMARIE  
Address 11767 SOUTH DIXIE HWY. #232  
City-State-Zip: MIAMI FL 33156

Title DIRECTOR  
Name EVANS, JASON  
Address 900 SE FEDERAL HWY  
SUITE 323  
City-State-Zip: STUART FL 34994