

NONPROFIT CORPORATION ANNUAL REPORT 1999
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N98000006308

Corporation Name
 BANK OF THE EVERGLADES MUSEUM, INC.

Principal Place of Business
 201 WEST BROADWAY
 EVERGLADES CITY FL 34139

Mailing Address
 201 WEST BROADWAY
 EVERGLADES CITY FL 34139

FILED
 99 NOV 29 PM 4: 03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business	26. Mailing Address	3. Date incorporated or Qualified 11/05/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent RICHARDS, PATTY F 201 WEST BROADWAY EVERGLADES CITY FL 34139	10. Name and Address of New Registered Agent
B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)
B3	B4 City FL B5 Zip Code

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	1.2 NAME		
	1.3 STREET ADDRESS		
	1.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	2.2 NAME		
	2.3 STREET ADDRESS		
	2.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	3.2 NAME		
	3.3 STREET ADDRESS		
	3.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	4.2 NAME		
	4.3 STREET ADDRESS		
	4.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	5.2 NAME		
	5.3 STREET ADDRESS		
	5.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	6.2 NAME		
	6.3 STREET ADDRESS		
	6.4 CITY-ST-ZIP		

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 like empowered.

SIGNATURE: Patty F. Richards, Pres SIGNATURE REQUIRED
 Date: 4/23/99 Daytime Phone #: 941-695-3151

CR2E037 (1/1998)