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95 MAY -1 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719152 (1)
1. Corporation Name
THE EVERGLADES CONSERVATION AND SPORTSMAN CLUB

Principal Place of Business Mailing Address
PO BOX 524005 MIAMI FL 33152 **PO BOX 524005 MIAMI FL 33152**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/17/1970** 3a. Date of Last Report **03/31/1994**
4. FEI Number **59-1735665** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RACKEAR, GARY S ESQ
2534 SW 6 ST
MIAMI FL 33135

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WORTHINGTON, JAMES R
STREET ADDRESS	2801 SW 104 CT
CITY - ST - ZIP	MIAMI FL
TITLE	VP
NAME	BROWN, MICHAEL
STREET ADDRESS	30505 ALDER RD
CITY - ST - ZIP	PUNTA GORDA FL
TITLE	T
NAME	MCFADDEN, BURGESS L
STREET ADDRESS	2801 SW 104 CT
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	SMITH, JIM S
STREET ADDRESS	12435 SW 42 ST
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	HAWKINS, JACK
STREET ADDRESS	5100 SW 1ST STREET
CITY - ST - ZIP	MIAMI FL 33128
TITLE	D
NAME	SESSIONS, WAYNE
STREET ADDRESS	3402 TOLEDO ST
CITY - ST - ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Francis Dennis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	P.O. Box 924273	
13 STREET ADD	Princeton, FL 33092	
14 CITY - ST - ZIP		
21 TITLE	Jim Worthington	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	2801 S.W. 104 Court	
23 STREET ADD	Miami, FL 33165	
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	Chuck Youse	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	9340 SW 62 ST	
43 STREET ADD	Miami FL 33173	
44 CITY - ST - ZIP		
51 TITLE	Kirk Bishop	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	14960 Garfield Drive	
53 STREET ADDRESS	Homestead, FL 33033	
54 CITY - ST - ZIP		
61 TITLE	Budlong, John	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection of the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 201, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Burgess L. McFadden* Burgess L. McFadden 4/9/95 (605) 550-4412
BLOCK (TYPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (City/State)