

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 19 1996 8:00 am
Secretary of State

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**

3. Date Incorporated or Qualified **08/17/1970** 3a. Date of Last Report **05/01/1995**
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**
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 Country 29 Zip 30 Country

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS, FRANCIS	1.2 NAME	FREEMAN, ARTHUR
STREET ADDRESS	P.O. BOX 924273 NA	1.3 STREET ADDRESS	50 S.W. 124 AVE
CITY-ST-ZIP	PRINCETON FL 33092	1.4 CITY-ST-ZIP	MIAMI, FL 33184
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHINGTON, JUM	2.2 NAME	YOUSE, CHARLES
STREET ADDRESS	2801 SW 104TH CT	2.3 STREET ADDRESS	9340 S.W. 62 St.
CITY-ST-ZIP	MIAMI FL 33165	2.4 CITY-ST-ZIP	MIAMI, FL 33173
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFADDEN, BURGESS L	3.2 NAME	MCFADDEN, BURGESS
STREET ADDRESS	2801 SW 104 CT	3.3 STREET ADDRESS	2801 S.W. 104 Ct.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUSE, CHUCK	4.2 NAME	BISHOP, KIRK
STREET ADDRESS	9340 SW 62ND ST	4.3 STREET ADDRESS	14960 GARFIELD DRIVE
CITY-ST-ZIP	MIAMI FL 33173	4.4 CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, KIRK	5.2 NAME	BUDLONG, JOHN
STREET ADDRESS	14960 GARFIELD DRIVE	5.3 STREET ADDRESS	2903 N.W. 11 AVE
CITY-ST-ZIP	HOMESTEAD FL 33033	5.4 CITY-ST-ZIP	WILTON MANORS, FL 33311
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDLONG, JOHN	6.2 NAME	DENNIS, FRANCIS
STREET ADDRESS	3402 TOLEDO ST	6.3 STREET ADDRESS	P.O. BOX 924273 NA
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	PRINSTON, FL 33092

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Burgess L. McFadden* **Burgess L. McFadden** **4/15/96** **(305) 553-4412**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)