

FILE NOW: FILING FEE IS \$61.25

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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719152 (1)
1. Corporation Name
THE EVERGLADES CONSERVATION AND SPORTSMAN CLUB



Principal Place of Business PO BOX 524005 MIAMI FL 33152	Mailing Address PO BOX 524005 MIAMI FL 33152
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3. Date Incorporated or Qualified
08/17/1970

4. FEI Number
59-1735665

Applied For
 Not Applicable

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 _____

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	FREEMAN, ARTHUR	1.2 NAME	BROWN, MICHAEL
STREET ADDRESS	50 SW 124 AVE	1.3 STREET ADDRESS	30505 ALDER ROAD
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33892
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUSE, CHARLES	2.2 NAME	MOSHANKO, PAUL
STREET ADDRESS	9340 SW 62 ST	2.3 STREET ADDRESS	2237 SW 68 TERR
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input 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 SW 104 CT
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFADDEN, BURGESS	4.2 NAME	CLOVIS, KATHLEEN
STREET ADDRESS	2801 SW 104 CT	4.3 STREET ADDRESS	9845 SW 197 ST
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33157
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	FLEMING, DONALD
STREET ADDRESS	14960 GARFIELD DRIVE	5.3 STREET ADDRESS	18320 SW 224 ST
CITY-ST-ZIP	HOMESTEAD FL 33033	5.4 CITY-ST-ZIP	GOULDS, FL 33170
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	LYNCH, PATRICK
STREET ADDRESS	3402 TOLEDO ST	6.3 STREET ADDRESS	30032 OAK RD
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	PUNTA GORDA, FL 33982

14. 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.

SIGNATURE: Burgess L. MCFadden **BURGESS L. MCFADDEN** January 14, 1998 (305) 553-4412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030726

CR3E037 (10/97)