


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90010 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Morris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 719152

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



3/30/99 90010 040 61.25

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

3. Date Incorporated or Qualified
 08/17/1970

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

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
 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 *Burgess L. McFadden* **BURGESS L. McFadden** **TREASURER** **7/8/99**
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BROWN, MICHAEL	
STREET ADDRESS	30505 ALDER RD	
CITY-ST-ZIP	PUNTA GORDA FL 33892	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MOSHANKO, PAUL	
STREET ADDRESS	2237 SW 68 TERR	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	T	<input type="checkbox"/> DELETE
NAME	McFADDEN, BURGESS L	
STREET ADDRESS	2801 SW 104 CT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CLOVIS, KATHLEEN	
STREET ADDRESS	9845 SW 197 ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLEMING, DONALD	
STREET ADDRESS	18320 SW 224 ST	
CITY-ST-ZIP	GOLDS FL 33170	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LYNCH, PARTICK	
STREET ADDRESS	30032 OAK RD	
CITY-ST-ZIP	PUNTA GORDA FL 33982	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brown, Michael	
1.3 STREET ADDRESS	30032 Oak Rd.	
1.4 CITY-ST-ZIP	Punta Gorda Fl 33982	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Worthington, James R.	
2.3 STREET ADDRESS	2801 SW 104 Ct.	
2.4 CITY-ST-ZIP	Miami Fl. 33165	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	McFadden, Burgess	
3.3 STREET ADDRESS	2801 SW 104 Ct.	
3.4 CITY-ST-ZIP	Miami Fl. 33165	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	McLeod, James Jr.	
4.3 STREET ADDRESS	19440 SW 307 St.	
4.4 CITY-ST-ZIP	Homestead Fl. 33030	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Skoglund Donald Jr.	
5.3 STREET ADDRESS	10201 SW 49 Ct.	
5.4 CITY-ST-ZIP	Cooper City, Fl. 33328	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Fleming, Donald	
6.3 STREET ADDRESS	18320 SW 224 St.	
6.4 CITY-ST-ZIP	Goulds Fl. 33170	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0502, Florida Statutes, and that my signature shall have the same legal effect as if made under oath 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 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Burgess L. McFadden* **7/31/99** **305-513-4412**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/99)