



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 30, 2008 08:00 AM
Secretary of State**

DOCUMENT # 719152 1. Entity Name THE EVERGLADES CONSERVATION AND SPORTSMAN CLUB.	
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Principal Place of Business 50940 LOOP ROAD OCHOPEE, FL 34141	Mailing Address PO BOX 524005 MIAMI, FL 33152
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DO NOT WRITE IN THIS SPACE




07152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1735665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAROCHE, TOD W
3520 SW 59TH AVENUE
MIAMI, FL 33155



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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSHANKO, STEPHENSON P 2237 SW 68 TERR MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BANG, BILL 6001 SW 72ND AVE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCALL, GEORGE 9034 SW 62ND TERRACE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LAROCHE, TOD W 3520 SW 59TH AVENUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD KENWORTHY, WES 19011 SW 89TH COURT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD SMITH, RICHARD 4220 SW 53 AVE DAVIE, FL 33314

U00000956668
07/30/08-80002-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____