SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:00

DOCUMENT # **765966** **(7)**

1. Corporation Name
THE EVERGREEN CLUB, INC.

Principal Place of Business	Mailing Address
4225 SW BIMINI CR. PALM CITY FL 34990	4225 SW BIMINI CR. PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1982
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2258635 ☐ 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 ☐ **FILING FEE IS $61.25**
8. This corporation has ability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

CLARKE, HERBERT G
4795 SW BIMINI CIR
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name: FYFE, JAMES
82 Street Address (P.O. Box Number is Not Acceptable): 3378 S.W. BIMINI CIRCLE SOUTH
83
84 City: PALM CITY, **FL** 85 Zip Code: 34990

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: James R. Fyffe JAMES FYFE, PRESIDENT 6/23/95
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	X Change ☐ Addition
NAME	CLARKE, HERBERT G	12 NAME	FYFE, JAMES	
STREET ADDRESS	4795 SW BIMINI CIR	13 STREET ADDRESS	3378 S.W. BESSEY CREEK TRAIL	
CITY-ST-ZIP	PALM CITY FL 34990	14 CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	VPD	21 TITLE	VPD	X Change ☐ Addition
NAME	HILL, LLOYD E	22 NAME	DONNELLY, JOAN	
STREET ADDRESS	1535 SE ST LUCIE BLVD	23 STREET ADDRESS	3682 S.W. BIMINI CIRCLE NORTH	
CITY-ST-ZIP	STUART FL	24 CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	SD	31 TITLE	SD	X Change ☐ Addition
NAME	DONNELLY, JOHN L	32 NAME	RACE, THORNTON C.	
STREET ADDRESS	3682 SW BIMINI CIR N	33 STREET ADDRESS	4312 S.W. BIMINI CIRCLE NORTH	
CITY-ST-ZIP	PALM CITY FL 34990	34 CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	HAFNER, FRANK	42 NAME		
STREET ADDRESS	3862 SW BIMINI CIR N	43 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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: James R. Fyffe 6/23/95 407-286-2111
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0017203