## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

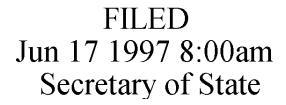
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 765966

(7)

THE EVERGREEN CLUB, INC.





Principal Plac	ce of Busines	8	ailing Address					- T ERRYN INDIA BINDA						
4225 SW BIM PALM CITY F			4225 SW BIMINI CR. PALM CITY FL 34990-1367											
									ļ		orporated or Qualifie	d 3a. D	02/21/1	
2. Principal F	Place of Busi	ness		_	2a. Mailing Address					4. FEI Num 59	ber -2258635			pplied For
Suite, Apt.					Suite, Apt. #, etc.						THE ST. LEWIS CO., LANSING, MICH.			lot Applicable Additional
		BIMINI	CR S		4225 S.W.	BI	MIN	I CR	S	5. Certifica	te of Status Desired			lequired
City & Star	te		-	City & State						Campaign Financing			May Be	
Zip		Country		28	Zip	7	Countr	v			nd Contribution	Car leten eilet		to Fees
24		25		29		30	, , , , , , , , , , , , , , , , , , , ,	,		Florida S	ooration has liability t	or intangible X. Yes		s. 199.032,
	Regist	ered Agent						nd Address of New						
						•	61	Name	Rol	hert B	rouwer			
FYEE, JAMES								Street				tahla)		
3378 BESSEY CREEK TRAIL								Oli Oli	422	25 S. A	Jumber is Not Accep BIMINI	CIRCL	E SOU'	TH
PALM CITY FL 34990														
							84	City	TD A 1	CM OTT		P** 1	85 Zjp	 990 990
11. Pursuant	to the provis	lons of Sections	617.0502	and 61	7.1508. Florida Sta	tutes the	ebov	e-pamed	cornors	LM CII	this statement for th	FL	_ 34	990
office or i	registered ag am familiar w	ent, or both, in th, and accept	the State o	f Florid	a. Such change wa Section 617.0503.	s authori Florida S	zed b	y the co	poration	's board of c	this statement for the firectors. I hereby ac-	cept the app	pointment as	registered
SIGNATURE	ROBER	RT BROUV	VER.	GEN	. MANAGER	₹	ď		XI K	£	/ 6	10/91		
12.	Signature, typed	or printed name of re	ERS AND				ered <b>y</b> ∧g 3.	ent signatuit.	v teguladi v	when reinstating)	S/CHANGES TO OF	DATE	D DIDECTO	DC IN 10
TITLE	PF		) LIIO / 1140	OILLO	XX DELETE		1 TITLE		PF	ADDITION	IS/CHANGES TO OF	FICENS AN		Addition
NAME	FYFE,	IAMES			1626		2 NAME		_	माराइ	ROBERT T		CT Onende	-ESFAGGIION
STREET ADDRESS		W BESSEY CI	REEK TRA	di .				T ADDRESS	30/	45 S W	BIMINI C	TDCIE	COLLEG	ا .
CITY-ST-ZIP	PALM (						4 CITY-5				Y. FL 34		30011	1
TITLE	VPD		···· ,		XX DELETE		1 TITLE	31 EII	VPI		<u> </u>	220	Change	Addition
NAME		LLY, JOAN					2 NAME				NTHONY			
STREET ADDRESS	3682 S	W BIMINI CIR	CLE NOR	ГН		2	3 STREET	ADDRESS			. BIMINI	CTRCT	E SOM	ru
CITY-ST-ZIP	PALM (						4 CITY-				Y. FL 34		L 500.	- 11
TITLE	\$D				☐ DELETE		TITLE			V + h	<del></del>	V	☐ Change	Addition
NAME	RACE,	THORNTON				3.	2 NAME	,		•			-	
STREET ADDRESS		w bimini circ	CLE NOR	M		3.3	3 STREET	ADDRESS						
CITY-ST-ZIP	PALM (	ATY FL				3.	1. CITY-	ST-ZIP						
TITLE	TD				XX DELETE	4.	TITLE		TD				Change	AZ Addition
NAME		R, FRANK				4.	2 NAME		WOO	DRUFF	, ALAN J.			
STREET ADDRESS		W BIMINI CIR				4.3	STREET	ADDRESS	399	90 N.E	. JOE'S P	OINT 1	ROAD	ļ
CITY-ST-ZIP	PALM (	ITY FL 34990				4.4	CITY-S	ST-ZIP	STL	JART,	FL 34996			
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NAME							NAME							İ
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CITY-ST-ZIP		<del></del>			D bri fre		I CITY - S	T-ZIP					T-1 2.	
TITLE	i i				☐ DELETE		TITLE						Change	Addition
NAME							NAME							į
STREET ADDRESS						- 1		ADDRESS						
CITY-ST-ZIP	<u> </u>					6.4	CITY-S	T-ZIP	L <u>.</u>					

I do hereby certify that the information supplied with this filling 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 eighature 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 reported 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.