FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35814 (5)

1. Corporation Name

CORKSCREW REGIONAL ECOSYSTEM WATERSHED TRUST, IN CORPORATED

Principal Place of Business	Mailing Address
9220 BONITA BCH. RD. SUITE 116 BONITA SPRINGS FL 33923 US	9220 BONITA BCH. RD. SUITE 116 BONITA SPRINGS FL 33923 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1989
3a. Date of Last Report: 02/16/1994
4. FEI Number: 65-0246331 ☐ 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 ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1342 Colonial Blvd.	26 1342 Colonial Blvd.
Suite, Apt. #, etc. 22 Bldg. K	Suite, Apt. #, etc. 27 Bldg. K
City & State 23 Ft. Myers, FL	City & State 28 Ft. Myers, FL
Zip / Country 24 33907 / 25 USA	Zip / Country 29 33907 / 30 USA

9. Name and Address of Current Registered Agent

GARNER, JAMES F.
1833 HENDRY ST.
FT. MYERS FL 33902

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	CTr	☒ Change ☐ Addition
NAME	BOYD, VALERIE	1.2 NAME	Hammond, William	
STREET ADDRESS	15000 OLD 41 NORTH	1.3 STREET ADDRESS	5456 Parker Dr.	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE	VCD	2.1 TITLE	VCTr	☒ Change ☐ Addition
NAME	JUDAH, RAY	2.2 NAME		
STREET ADDRESS	2120 MAIN ST RM 110	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	STr	☒ Change ☐ Addition
NAME	HAMMOND, WILLIAM	3.2 NAME	Fitch, John	
STREET ADDRESS	5456 PARKER DR.	3.3 STREET ADDRESS	1450 Merrihue Drive	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	Naples, FL 33942	
TITLE	TD	4.1 TITLE	TTr	☒ Change ☐ Addition
NAME	VEGA, GEORGE J	4.2 NAME	Matthews, Bettye	
STREET ADDRESS	2660 AIRPORT ROAD S	4.3 STREET ADDRESS	3301 Tamiami Trail East	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples, FL 33942	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: William Hammond Chairman 2/23/95 (813) 936-9311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William Hammond

0018487