

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35814 (5)
1. Corporation Name
CORKSCREW REGIONAL ECOSYSTEM WATERSHED TRUST, IN CORPORATED



Principal Place of Business 1342 COLONIAL BLVD BLDG. K FT MYERS FL 33907 US	Mailing Address 1342 COLONIAL BLVD BLDG. K FT MYERS FL 33907-1013 US
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3. Date Incorporated or Qualified 12/20/1989	3a. Date of Last Report 02/07/1996
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2. Principal Place of Business 21 2301 McGregor Blvd. Suite, Apt. #, etc. 22 3rd Floor City & State 23 Ft. Myers, Florida Zip 24 33901	2a. Mailing Address 26 2301 McGregor Blvd Suite, Apt. #, etc. 27 3rd Floor City & State 28 Ft. Myers, Florida Zip 29 33901	Country 25 USA	Country 30 USA
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4. FEI Number 65-0246331	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 William Hammond
82 Street Address (P.O. Box Number is Not Acceptable) 5456 Parker Drive
83
84 City Ft. Myers
85 Zip Code FL 33919

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 *William Hammond* **William Hammond** **April 18, 1997**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	CTR	<input type="checkbox"/> DELETE
NAME	HAMMOND, WILLIAM	
STREET ADDRESS	5456 PARKER DRIVE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VCT	<input type="checkbox"/> DELETE
NAME	CARLSON, ED	
STREET ADDRESS	375 SANCTUARY ROAD	
CITY-ST-ZIP	NAPLES FL	
TITLE	STR	<input type="checkbox"/> DELETE
NAME	FITCH, JOHN	
STREET ADDRESS	1450 MERRIHUE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	TTR	<input checked="" type="checkbox"/> DELETE
NAME	MATTHEWS, BETTYE	
STREET ADDRESS	3301 TAMIAMI TRAIL EAST	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S John Fitch
3.3 STREET ADDRESS	3776 Cracker Way
3.4 CITY-ST-ZIP	Bonita, FL 33923
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T Stanley Hole
4.3 STREET ADDRESS	715 10th Street South
4.4 CITY-ST-ZIP	Naples, FL 33939
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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.

William Hammond **William Hammond** **April 18, 1997**

CR2E037 (9/96)