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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	Mailing Address
1342 COLONIAL BLVD BLDG. K FT MYERS FL 33907 US	1342 COLONIAL BLVD BLDG. K FT MYERS FL 33907-1013 US

2. Principal Place of Business	2a. Mailing Address
21 2301 McGregor Blvd. Suite, Apt. #, etc. 22 3rd Floor City & State 23 Ft. Myers, Florida Zip 24 33901	25 2301 McGregor Blvd Suite, Apt. #, etc. 26 3rd Floor City & State 27 Ft. Myers, Florida Zip 28 33901 Country 29 USA

3. Date Incorporated or Qualified 12/20/1989	3a. Date of Last Report 02/07/1996
4. FEI Number 65-0246331	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
3.3 STREET ADDRESS	John Fitch
3.4 CITY-ST-ZIP	3776 Cracker Way
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T
4.3 STREET ADDRESS	Stanley Hole
4.4 CITY-ST-ZIP	715 10th Street South
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** **5456 Parker Drive**

CR2E037 (9/96)