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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N44106** **(5)**

1. Corporation Name

MYAKKA CONSERVANCY, INC.

Principal Place of Business	Mailing Address
4837 SWIFT ROAD STE 210 SARASOTA FL 34231-5157 US	C/O BILLY WETHERINGTON P.O. BOX 1355 SARASOTA FL 34230-1355 US

3. Date Incorporated or Qualified: 06/28/1991

4. FEI Number: 65-0307483 ☐ 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 / Country 30

9. Name and Address of Current Registered Agent

HACKETT, JACK O II
115 W OLYMPIA AVE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name: BILLY WETHERINGTON
82 Street Address (P.O. Box Number is Not Acceptable): SWIFT-HOPE ~~Profession~~ PROFESSIONAL BLDG
83: 4837 SWIFT ROAD, SUITE 210
84 City: SARASOTA FL 85 Zip Code: 34231

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: Billy Wetherington BILLY WETHERINGTON, TREASURER 1/21/98
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	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	MORRIS JULIE		1.2 NAME	ALTON CHEATHAM	
STREET ADDRESS	4535 45TH CT		1.3 STREET ADDRESS	~~PO BOX 2494~~ 1625 W. MARIANNE AVE #4	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	~~PORT CHARLOTTE, FL 33949-33950~~	
TITLE	VD	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	LONGINO, B T BUSTER		2.2 NAME	JACK WHELAN	
STREET ADDRESS	RT 2, BOX 695		2.3 STREET ADDRESS	1325 QUAIL DR	
CITY-ST-ZIP	~~PUNTA GORDA FL~~ ARCADIA FL		2.4 CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ESTEVEZ, EERNEST D		3.2 NAME		
STREET ADDRESS	1600 THOMPSON PARKWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	~~WETHERINGTON, BILLY~~		4.2 NAME	WETHERINGTON, BILLY	
STREET ADDRESS	~~2700 SO TAMIAMI TRL, STE 240~~		4.3 STREET ADDRESS	4837 SWIFT ROAD #210	
CITY-ST-ZIP	~~SARASOTA FL~~		4.4 CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	☐ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	ROSS, DONALD H		5.2 NAME	ALTON CHEATHAM	
STREET ADDRESS	18419 MEYER AVE		5.3 STREET ADDRESS	1625 W. MARIANNE AVE #4	
CITY-ST-ZIP	PORT CHARLOTTE FL		5.4 CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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.

SIGNATURE: Billy Wetherington BILLY WETHERINGTON 1-20-98 941-924-2801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #