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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90186 018 \*\*\*\*61.25

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1. Corporation Name

THE EVERGLADES TRUST, INC.

Principal Place of Business

1919 ESPANOLA DRIVE  
ORLANDO FL 32804

Mailing Address

1919 ESPANOLA DRIVE  
ORLANDO FL 32804

1379507 90186 518 \*



2. Principal Place of Business

21 11 DELEON AVENUE

2a. Mailing Address

26 P O BOX 1915

3. Date Incorporated or Qualified  
12/20/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
59-3293097

Applied For  
Not Applicable

City & State

23 ISLAMORADA FL

City & State

28 ISLAMORADA FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country

24 33036 25 USA

Zip Country

29 33036 30 USA

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution

9. Name and Address of Current Registered Agent

BARLEY, M L  
1919 ESPANOLA DRIVE  
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

11 DELEON AVENUE

83

84 City

ISLAMORADA

FL

85 Zip Code

33036

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 M L BARLEY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS BARLEY, M L  
CITY-ST-ZIP 1919 ESPANOLA DRIVE  
ORLANDO FL 32804

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS MILLS, JON  
CITY-ST-ZIP 2727 NW 58TH BLVD  
GAINESVILLE FL 32606

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS RUMBERGER, THOM E  
CITY-ST-ZIP 201 S. ORANGE, #300  
ORLANDO FL 32802

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 11 DELEON AVENUE  
1.4 CITY-ST-ZIP ISLAMORADA FL 33036

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
M L BARLEY

1/10/99

305/664-5898

Date Daytime Phone #

0019566

CR2E037 (1/98)