

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006239

FILED
Jan 11, 2006
Secretary of State

Entity Name: THE EVERGLADES TRUST, INC.

Current Principal Place of Business:

11 DELEON AVENUE
ISLAMORADA, FL 33036 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1915
ISLAMORADA, FL 33036 US

New Mailing Address:

FEI Number: 59-3293097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARLEY, M L
11 DELEON AVENUE
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: BARLEY, M L
Address: 11 DELEON AVENUE
City-St-Zip: ISLAMORADA, FL 33036

Title: DS () Delete
Name: MILLS, JON
Address: 2727 NW 58TH BLVD
City-St-Zip: GAINESVILLE, FL 32606

Title: DC () Delete
Name: RUMBERGER, THOM E
Address: 9002 EAGLES RIDGE DR
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M.L. BARLEY

P

01/11/2006

Electronic Signature of Signing Officer or Director

Date