

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N96000000175 (7)**
1. Corporation Name

EVERGLADES YOUTH ASSOCIATION, INC.

Principal Place of Business

**16 EGRET LANE
EVERGLADES CITY FL 33929**

Mailing Address

**16 EGRET LANE
EVERGLADES CITY FL 33929**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/10/1996

3a. Date of Last Report

4. FEI Number

65-0642785

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**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 201 Buckner Ave.

Suite, Apt. #, etc.

22

City & State

23 Everglades City, FL

Zip

24 34139

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 153

Suite, Apt. #, etc.

27

City & State

28 Everglades City, FL

Zip

29 34139

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**GEHRKE, CHARLES R
3001 TAMiami TRAIL NORTH
FOURTH FLOOR
NAPLES FL 33940**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

**D
NAME MAYBERRY, JOLEN
STREET ADDRESS S.R. BOX 74- BOX 74-B
CITY-ST-ZIP OCHOPEE FL 33943**

TITLE ☐ DELETE

**D
NAME OWEN, MIKE
STREET ADDRESS PO BOX 548, JANE'S SCENIC DR.
CITY-ST-ZIP COPELAND FL 33926**

TITLE ☐ DELETE

**D
NAME OWEN, DEBBIE
STREET ADDRESS PO BOX 548, JANE'S SCENIC DR.
CITY-ST-ZIP COPELAND FL 33926**

TITLE ☒ DELETE

**D
NAME BECTON, ART
STREET ADDRESS PO BOX 496
CITY-ST-ZIP CHOKOLOSKEE FL 33925**

TITLE ☒ DELETE

**D
NAME SCHMIDT, IRA
STREET ADDRESS 16 EGRET LANE
CITY-ST-ZIP EVERGLADES CITY FL 33929**

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

1.4 CITY-ST-ZIP

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 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.

CR2E037 (4/97)