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Jun 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000175 (7)**

1. Corporation Name

EVERGLADES YOUTH ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**201 BUCKNER AVE
EVERGLADES CITY FL 34139
US**

**P O BOX 153
EVERGLADES CITY FL 34139
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEHRKE, CHARLES R
3001 TAMAMI 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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **MAYBERRY, JOLEN**
CITY-ST-ZIP **S.R. BOX 74- BOX 74-B 27303 Turner River Rd. OCHOPEE FL 34141**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Director**
1.3 STREET ADDRESS **Charles Gehrke**
1.4 CITY-ST-ZIP **27099 Holly Lane Bonita Springs, FL 34135**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **OWEN, MIKE 15656**
CITY-ST-ZIP **PO BOX 348, JANE'S SCENIC DR. COPELAND FL 33926**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Director/Historian**
2.3 STREET ADDRESS **Greg Podany**
2.4 CITY-ST-ZIP **PO Box 348 404 S. Copeland Ave Everglades City, FL 34139**

TITLE ☐ DELETE
NAME **OV**
STREET ADDRESS **OWEN, DEBBIE 15656**
CITY-ST-ZIP **PO BOX 348, JANE'S SCENIC DR. COPELAND FL**

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

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **DYKES, ROSE M NA**
CITY-ST-ZIP **P O BOX 152 N/A EVERGLADES CITY FL**

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

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **PODANY, ROBYN**
CITY-ST-ZIP **P-O BOX 330 404 S COPELAND AVE EVERGLADES CITY FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE:

J. Mayberry

5/13/98

941-695-4593

CR2E037 (10/97)