


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 29, 2005 8:00 am**  
**Secretary of State**

06-29-2005 90002 049 \*\*\*\*61.25

<b>DOCUMENT # 706777</b>	
1. Entity Name <b>APACHE CLUB OF HERNANDO INC</b>	

Principal Place of Business <b>4789 N APACHE TRL. HERNANDO FL 34442 US</b>	Mailing Address <del>4789 N APACHE TRL.</del> <b>HERNANDO FL 34442 US</b>
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2. Principal Place of Business <b>4789 N APACHE TRL.</b>	3. <b>PO BOX 1663-</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State <b>HERNANDO FLA</b>	City & State <b>HERNANDO, FL.</b>
Zip <b>34442</b>	Zip <b>34442</b>
Country <b>CITRUS</b>	Country <b>CITRUS</b>

4. FEI Number <b>59-2954921</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>ENNIS, GENEVIEVE 4463 N PIONEER TERR HERNANDO FL 34442</b>
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7. Name and Address of New Registered Agent Name <b>CARLEEN Rhode Treas.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2565 E. NORTH ST</b> <b>INVERNESS FL 34453</b>
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8. 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. I am familiar with, and accept the obligations of registered agent. <b>CARLEEN Rhode - Treas.</b> <b>6-15-05</b>
SIGNATURE _____ DATE _____

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STRATTON, DALE 3501 E DEER RUN HERNANDO FL 34442</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MORSE, YVONNE 3525 E.EAGLE TR HERNANDO FL 34442</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T RHODE, CARLEEN 2565 E NORTH ST. INVERNESS FL 34453</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SIMPSON, KAY 3505 TEPEE LN HERNANDO FL 34442</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROMAINE, JO 3811 E EAGLE TR. HERNANDO FL 34442</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BULLCOCK, JUDY 4629 N APACHE TR. HERNANDO FL 34442</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec. MARGARET STRATTON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3501 E. DEER RUN HERNANDO, FL 34442</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE <b>CARLEEN Rhode</b> - 352-726-9043	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>CARLEEN Rhode</b>	Date	Daytime Phone #
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