

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N11893 (7)

1. Corporation Name

HATCHINEHA CONSERVATION CLUB, INC.



Principal Place of Business

~~200 S. ORANGE AVE. STE. 2010~~  
~~P.O. BOX 2168~~  
~~ORLANDO FL 32802~~

Mailing Address

~~200 S. ORANGE AVE. STE. 2010~~  
~~P.O. BOX 2168~~  
~~ORLANDO FL 32802~~

3. Date Incorporated or Qualified

11/04/1985

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2948225

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 has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

23

28

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HARTLEY, CARL W., JR.~~  
~~200 S. ORANGE AVE. STE. 2010~~  
~~ORLANDO FL 32802~~

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

~~DCI~~  
~~HARTLEY, CARL W., JR.~~  
~~200 S. ORANGE AVE., #2010~~  
~~ORLANDO FL~~

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
CARDWELL, THOMAS J.  
255 S. ORANGE AVE.  
ORLANDO FL

☐ DELETE

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



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
SOWERS, TROY  
3601 WATERS EDGE DR.  
ORLANDO FL

☐ DELETE

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



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
HART, CUTTER  
2701 ARDSLEY DRIVE  
ORLANDO FL

☐ DELETE

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



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
PRESNELL, GREG  
255 S ORANGE AVE  
ORLANDO FL

☐ DELETE

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



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
EIDSON, GEORGE T., JR  
255 S ORANGE AVENUE  
ORLANDO FL

☐ DELETE

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



Change



Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0004180

CR2E037 (3/96)