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Jan 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

200 S. ORANGE AVE., STE. 2810
P.O. BOX 2168
ORLANDO FL 32802

200 S. ORANGE AVE., STE. 2810
P.O. BOX 2168
ORLANDO FL 32802-2168

3. Date Incorporated or Qualified
11/04/1985

3a. Date of Last Report
06/18/1996

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 281
Suite, Apt. #, etc.

26 P.O. Box 281
Suite, Apt. #, etc.

4. FEI Number
59-2948225

Applied For
Not Applicable

22 City & State

27 City & State

23 ORLANDO, FL
Zip Country

28 ORLANDO, FL
Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 32802
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29 32802
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8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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. 2810
ORLANDO FL 32802

81 Name GEORGE T. EIDSON, JR.

82 Street Address (P.O. Box Number is Not Acceptable)
255 S. ORANGE AVE.

83

84 City ORLANDO FL 85 Zip Code 32801

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 of type of printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME CARDWELL, THOMAS J.
STREET ADDRESS 255 S. ORANGE AVE.
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME SOWERS, TROY
STREET ADDRESS 3601 WATERS EDGE DR.
CITY-ST-ZIP ORLANDO FL

TITLE PD ☐ DELETE
NAME HART, CUTTER
STREET ADDRESS 2701 ARDSLEY DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME PRESNELL, GREG
STREET ADDRESS 255 S. ORANGE AVE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME EIDSON, GEORGE T., JR
STREET ADDRESS 255 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(a), 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 1-9-97 Time Phone # 016135

CR2E037 (9/96)