

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90037 012 ****61.25

DOCUMENT # N11893

1. Entity Name
HATCHINEHA CONSERVATION CLUB, INC.



Principal Place of Business
**C/O GEORGE T. EIDSON, JR.
P.O. BOX 231
ORLANDO, FL 32802-0231 US**

Mailing Address
**C/O GEORGE T. EIDSON, JR.
P.O. BOX 231
ORLANDO, FL 32802-0231 US**

54006739



01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2948225

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EIDSON, GEORGE T JR
255 S ORANGE AVE
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

*(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EIDSON, TED
STREET ADDRESS	2807 EDGEWATER DRIVE
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	D
NAME	EIDSON, FRANK
STREET ADDRESS	661 VIRGINIA DRIVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	PD
NAME	HART, CUTTER
STREET ADDRESS	2545 COOLIDGE AVE.
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	GODBER, REX
STREET ADDRESS	15 E. YALE STREET
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	PD
NAME	EIDSON, GEORGE T., JR
STREET ADDRESS	255 S ORANGE AVE 10TH FLOOR
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	WHITTAKER, COLE
STREET ADDRESS	3007 S. OSCEOLA ST.
CITY-ST-ZIP	ORLANDO, FL 32806

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IN THIS SPACE**

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.

SIGNATURE: George T. Eidson, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04
Date

Daytime Phone # _____