


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # N11893 1. Entity Name HATCHINEHA CONSERVATION CLUB, INC.	
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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
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01032005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2948225

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

1100000225943
02/11/05-80057-024 61.25

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05 407-843-7860
Date Daytime Phone #