

2-13-98
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FILED
Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17269** (4)

1. Corporation Name

MCDAD HUNTING CLUB, INCORPORATED

Principal Place of Business

Mailing Address

**5031 MOLINO RD
MOLINO FL 32577
US**

**5031 MOLINO RD
MOLINO FL 32577
US**

3. Date Incorporated or Qualified

10/13/1986

4. FEI Number

59-3015841

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**

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GINDL, PETER R. SR.
5031 MOLINO RD
MOLINO FL 32577**

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 617.0602 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 617.0603, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and if filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
GINDL, PETE
5031 MOLINO RD.
MOLINO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
GINDL, PETER, JR.
5881 MOLINO RD.
MOLINO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
GINDL, STEPHEN C
5750 MOLINO RD
MOLINO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
MORGAN, CLARENCE
110 RIDGEWAY STREET
CANTONMENT FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
MORGAN, CLARENCE
110 RIDGEWAY STREET
CANTONMENT FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
MORGAN, CLARENCE
110 RIDGEWAY STREET
CANTONMENT FL**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. 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 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:

Peter R. Gindl

2-1-96

CR2E037 (10/97)