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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N17269

1. Corporation Name

MCDADE HUNTING CLUB, INCORPORATED

Princ	ipai	Pla	ace	of	В
5031	MO	UN	Ю	QF	
MOLE	NΛ	FI	22	577	

Mailing Address

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90146 022 ****70.00



5031 MOLINO MOLINO FL 32 US		5031 MOLINO RD MOLINO FL 32577 US					
2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		
21		26		:	10/13/1986		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 59-3015841		lied For
22		27			39-30 1304 1	\$8.75 A	Applicable
City & State	*************************************	City & State			5. Certifcate of Status Desired	Fee Rec	
Zip	Country	Zip	_ Country	′	6. Election Campaign Financing	\$5.00	
24	25	29 30	<u> </u>		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current	Registered Agent		Na	10. Name and Address of New Regis	tered Agent	
			81	Name			
GINDL, PE 5031 MOL	ETER R. SR.		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
MOLINO F			83				
			84	City		FL 85 Zip C	ode
office or re agent. I an	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was authors of, Section 617.0503, Florida	orized by a Statutes	the corpora	proporation submits this statement for the purpartion's board of directors. I hereby accept the	ose of changing its r appointment as reg	egistered istered
12.	Signature, typed or printed name of registered agent of OFFICERS AND		13.	sit signistale leq	ADDITIONS/CHANGES TO OFFICE		RS IN 12
		DELETE	1.1 TETLE	— т	7,001110110701111101011011011011011	Change	Addition
TITLE	PD CINDLE DETE	C DECENE	•				
NAME	GINDL, PETE		1.2 NAME	T +000000			1
STREET ADDRESS	5031 MOLINO RD.			TADDRESS			į
CITY-ST-ZIP	MOLINO FL	☐ DELETE	1.4 CITY-5	ST-ZIP		Change	Addition
TITLE	VD		2.1 TITLE				
NAME	GINDL, PETER, JR.		2.2 NAMÉ				1
STREET ADDRESS	5881 MOUNO RD.			TADDRESS			ł
CITY-ST-ZIP	MOLINO FL	□ □ BELETE	2. 4 CITY-	ST-ZIP		[] Change	☐ Addition
TITLE	SD	☐ DELETE	3.1 TITLE	i			
NAME .	GINDL, STEPHEN C		.∙3.2 NAME	-			,
STREET ADDRESS	5750 MOLINO RD			TADORESS			
CITY-ST-ZIP	MOLINO FL	——————————————————————————————————————	3.4. CITY-	ST-ZIP			CT Addition
TITLE	ΤD	☐ DELETE	4.1 TITLE	Ì		Change	Addition
NAME	MORGAN, CLARENCE		4. 2 NAME				
STREET ADDRESS	110 RIDGEWAY STREET		4.3 STREE	TADDRESS			
CITY-ST-ZIP	CANTONMENT FL		4.4 CITY-5	7-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				,
STREET ADDRESS			5.3 STREE	TAODRESS			
CITY-ST-ZIP	<u></u>	<u> </u>	5.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME		•	6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS	•		į.
			64 CITY-5	T-7IP			•

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, with all other like empowered.