


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

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N17269**  
 1. Entity Name  
**MCADE HUNTING CLUB, INCORPORATED**



Principal Place of Business      Mailing Address  
**5031 MOLINO RD**      **P.O. BOX 70**  
**MOLINO, FL 32577 US**      **MOLINO, FL 32577 US**

**DO NOT WRITE IN THIS SPACE**



04072005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3015841</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GINDL, PETER R. SR.**  
**5031 MOLINO RD**  
**MOLINO, FL 32577**

**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	PD GINDL, PETE 5031 MOLINO RD. MOLINO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GINDL, PETER, JR. 5881 MOLINO RD. MOLINO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GINDL, STEPHEN C 5750 MOLINO RD MOLINO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORGAN, CLARENCE 110 RIDGEWAY STREET CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1000000333005  
 04/26/05-80081-010 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Peter R Gindl Sr.      4-22-05      855-587-5824  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #