


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # N17269 1. Entity Name MCDADE HUNTING CLUB, INCORPORATED	
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Principal Place of Business 5031 MOLINO RD MOLINO, FL 32577 US	Mailing Address P.O. BOX 70 MOLINO, FL 32577 US
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DO NOT WRITE IN THIS SPACE



04232006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3015841	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GINDL, PETER R. SR. 5031 MOLINO RD MOLINO, FL 32577
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	

U00000549307
 05/13/06-80013-021 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. Peter R. Gindl Sr. 4-26-06 850-587-5524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #