

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90017 034 ****70.00

DOCUMENT # N33477 1. Entity Name THE HARDEE COUNTY EDUCATION FOUNDATION, INCORPORATED	
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Principal Place of Business 206 N. SIXTH AVENUE WAUCHULA, FL 33873	Mailing Address 206 N. SIXTH AVENUE WAUCHULA, FL 33873
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DO NOT WRITE IN THIS SPACE



02182004 No Chg-NP CR2E037 (10/03)

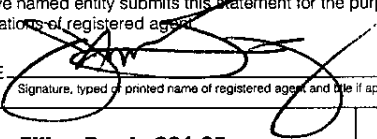
4. FEI Number 59-2969193	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SEE, JAMES V JR.
206 N. SIXTH AVENUE
WAUCHULA, FL 33873

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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:  DATE: 2/24/04

(NOTE: Registered Agent signature required when reinstating)

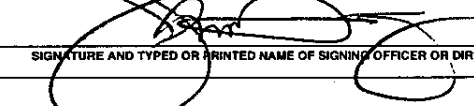
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SEE, JAMES V JR. 206 N. SIXTH AVENUE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DAVIS, GLORIA POST OFFICE BOX 516 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CORBETT, SHARON POST OFFICE BOX 13873 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director KNIGHT, JEROLD POST OFFICE BOX 531 BOWLING GREEN, FL 33834
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONERLY, DOTTIE POST OFFICE BOX 1028 WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer HANCOCK, CAROL POST OFFICE BOX 457 WAUCHULA, FL 33873

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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:  DATE: 2/24/04 DAYTIME PHONE #: 863/773-0060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR