2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N33477

1. Entity Name
THE HARDEE COUNTY EDUCATION FOUNDATION, INCORPORATED

Principal Place of Business	Mailing Address
206 N. SIXTH AVENUE WAUCHULA, FL 33873	PO BOX 1678 WAUCHULA, FL 33873

DO NOT WRITE IN THIS SPACE

02022006 No Chg-NP CR2E037 (11/05)

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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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

100000465390
03/22/06-80031-023 10.00

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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: James V. See, Jr. 2/2/06 863-773-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #