


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 723771 1. Entity Name HARDEETOWN BAPTIST CHURCH, INCORPORATED					
Principal Place of Business 1404 NW 18 AVE CHIEFLAND FL 32626 US			Mailing Address 1404 NW 18 AVE CHIEFLAND FL 32626 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 48-7237711	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent CASON, WILLIAM S 309 NE 7TH ST CHIEFLAND FL 32626					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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 _____					
FILE NOW: 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	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete			
NAME	CANNON, LC				
STREET ADDRESS	6230 NW CR 345				
CITY- ST- ZIP	CHIEFLAND FL 32626				
TITLE	D	<input type="checkbox"/> Delete			
NAME	CHESSER, DEAN				
STREET ADDRESS	9871 NW 110TH ST				
CITY- ST- ZIP	CHIEFLAND FL 32626				
TITLE	D	<input type="checkbox"/> Delete			
NAME	HUNT, STEPHEN				
STREET ADDRESS	11231 NW 107TH TERR				
CITY- ST- ZIP	CHIEFLAND FL 32626				
TITLE	D	<input type="checkbox"/> Delete			
NAME	CASON, WILLIAM S				
STREET ADDRESS	309 NE 7 ST				
CITY- ST- ZIP	CHIEFLAND FL 32626				
TITLE	CD	<input type="checkbox"/> Delete			
NAME	WEBSTER, JOHNNY				
STREET ADDRESS	4455 NW 120 ST				
CITY- ST- ZIP	CHIEFLAND FL 32-6269				
TITLE	D	<input type="checkbox"/> Delete			
NAME	IVEY, BEN				
STREET ADDRESS	6850 NW 108TH ST				
CITY- ST- ZIP	CHIEFLAND FL 32626				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employed

SIGNATURE:

William S. Cason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #