

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2007 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**



02012007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
48-7237711

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CASON, WILLIAM S
309 NE 7TH ST
CHIEFLAND, FL 32626**

**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, 2007**

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
**D
CANNON, LC
6230 NW CR 345
CHIEFLAND, FL 32626**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHESSE, DEAN
9871 NW 110TH ST
CHIEFLAND, FL 32626**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HUNT, STEPHEN
11231 NW 107TH TERR
CHIEFLAND, FL 32626**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CASON, WILLIAM S
309 NE 7 ST
CHIEFLAND, FL 32626**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
WEBSTER, JOHNNY
4455 NW 120 ST
CHIEFLAND, FL 32626**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
IVEY, BEN
6850 NW 108TH ST
CHIEFLAND, FL 32626**

U00000634661
02/22/07-80020-019 61.25

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IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #