FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728950 (7)

1. Corporation Name
HARDEE CITIZENS HUMANE SOCIETY, INC.

Principal Place of Business	Mailing Address
GRIFFEN WHIDDEN RD. P.O. BOX 384 WAUCHULA FL 33873-9734	GRIFFEN WHIDDEN RD. P.O. BOX 384 WAUCHULA FL 33873-9734

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1974
3a. Date of Last Report: 04/29/1994
4. FEI Number: 23-7419778 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GAY, JO ANN
403 1/2 SNIPE DRIVE
ZOLFO SPRINGS FL 33890

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: JO ANN GAY — Jo Ann Gay — 4-24-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	GAY, JO ANN	1.2 NAME		
STREET ADDRESS	403 1/2 SNIPE ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	ZOLFO SPRINGS FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	CHAVIS, BETTY	2.2 NAME		
STREET ADDRESS	HYDE ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	ARTZ, SHARON	3.2 NAME		
STREET ADDRESS	217 W. PALMETTO AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	PRICE, CHARLENE	4.2 NAME		
STREET ADDRESS	MURPHY ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	KENNETH, GAY	5.2 NAME		
STREET ADDRESS	GRIFFIN WHIDDEN ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jo Ann Gay — P.D. — 4-24-95 — 735-0170
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)
JO ANN GAY

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