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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733863** (5)

1. Corporation Name

HARDEE COUNTY COUNCIL OF AGING, INC..

Principal Place of Business

Mailing Address

**300 NORTH 8TH AVENUE
POST OFFICE BOX 803
WAUCHULA FL 33873**

**300 NORTH 8TH AVENUE
POST OFFICE BOX 803
WAUCHULA FL 33873**

2. Principal Place of Business

21 **310 North 8th Ave.**

Suite, Apt. #, etc.

22 **P. O. Box 803**

23 City & State
Wauchula, FL

24 Zip
33873

25 Country
Hardee

2a. Mailing Address

26 **310 North 8th Ave.**

Suite, Apt. #, etc.

27 **P. O. Box 803**

28 City & State
Wauchula, FL

29 Zip
33873

30 Country
Hardee

3. Date Incorporated or Qualified

09/19/1975

4. FEI Number

59-1634802

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDONALD, CATHERYN B
804 W PALMETTO STREET
WAUCHULA FL 33873**

81 Name

E. J. Wilson

82 Street Address (P.O. Box Number is Not Acceptable)

714 Kohala Drive

83

84 City

Wauchula

FL

85 Zip Code

33873

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **E. J. Wilson, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☒ DELETE
NAME **MCDONALD, CATHERYN B**
STREET ADDRESS **804 W PALMETTO ST**
CITY-ST-ZIP **WAUCHULA FL**

TITLE **VD** ☐ DELETE
NAME **KNIGHT, C. MARCUS**
STREET ADDRESS **KNIGHT RD NW**
CITY-ST-ZIP **WAUCHULA FL**

TITLE **TD** ☐ DELETE
NAME **WILLIAMS, KATIE**
STREET ADDRESS **307 SHELTON AVE.**
CITY-ST-ZIP **WAUCHULA FL**

TITLE **SD** ☐ DELETE
NAME **GLORIOUS, GRACE**
STREET ADDRESS **114 PENNSYLVANIA AVENUE**
CITY-ST-ZIP **WAUCHULA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **E. J. Wilson**
1.3 STREET ADDRESS **714 Kohala Drive**
1.4 CITY-ST-ZIP **Wauchula, FL 33873** ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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.

E. J. Wilson, President

SIGNATURE:

REQUIRED

1-5-98

CR2E037 (10/97)