


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90024 028 ****70.00

DOCUMENT # 733863 1. Entity Name HARDEE COUNTY COUNCIL OF AGING, INC..					
Principal Place of Business 310 NORTH 8TH AVE P O BOX 1763 WAUCHULA, FL 33873 US			Mailing Address 310 NORTH 8TH AVE P O BOX 1763 WAUCHULA, FL 33873 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1634802	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSELL, JOHN R 309 GARDEN DRIVE WAUCHULA, FL 33873			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>John R. Russell</u> <i>John W. Russell</i> 1/17/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, SANDRA 1412 SR 64 W WAUCHULA, FL 33873	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSSELL, JOHN R 309 GARDEN DRIVE WAUCHULA, FL 33873	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, KATIE 307 SHELTON AVE. WAUCHULA, FL 33873	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KLEIN, LINDA P.O. BOX 237 ZOLFO SPRINGS, FL 33890	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATARINI, KAY 103 INGLIS way WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLORIUS, PHIL 114 PENNSYLVANIA AVE. WAUCHULA, FL 33873	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GILLIARD, IMOGENE PO BOX 21 ZOLFO SPRINGS, FL 33890	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, JACK 1302 STENSTROM ROAD WAUCHULA, FL 33873
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: <u>John R. Russell</u> <i>John W. Russell</i> 1/17/06 (863) 773-2022 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

60003977

2006 Not-For-Profit Corporation
Annual Report Attachment

Document #: 733863

FEI Number: 59-1634802

Hardee County Council of Aging, Inc.
310 North 8th Ave.
P. O. Box 1763
Wauchula, FL 33873

Officers and Directors (Continued)

D
GILLIARD, IMOGENE
P. O. Box 21
ZOLFO SPRINGS, FL 33890

D
CLARK, JUANITA
1302 STENSTROM ROAD
WAUCHULA, FL 33873

D
GLORIUS, GRACE
P. O. Box 33
WAUCHULA, FL 33873

D
ROBINSON, MAE
P. O. Box 331
WAUCHULA, FL 33873

D
GILLIARD, BILLIE
P. O. Box 23
ZOLFO SPRINGS, FL 33890