


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90042 005 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01182007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1634802		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUSSELL, JOHN R 309 GARDEN DRIVE WAUCHULA, FL 33873		Name CLARK, JACK Street Address (P.O. Box Number is Not Acceptable) 1302 STENSTROM ROAD City WAUCHULA FL Zip Code 33873	

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 *Jack Clark* Jack Clark 1/22/07

(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. <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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCOTT, SANDRA 1412 SR 64 W WAUCHULA, FL 33873 <input checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, JOHN R 309 GARDEN DRIVE WAUCHULA, FL 33873 <input checked="" 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 PATARINI, KAY 103 INGLIS WAY 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 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 CLARK, JACK 1302 STENSTROM RD WAUCHULA, FL 33873 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, JACK 1302 STENSTROM ROAD WAUCHULA, FL 33873 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jack Clark* Jack Clark 1/22/07 (863) 773-2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007 Not-For-Profit Corporation
Annual Report Attachment

Document #: 733863

FEI Number: 59-1634802

ATTACHMENT

60006772

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
114 Pennsylvania Ave.
Wauchula, FL 33873

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