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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:50

DOCUMENT # 736816 (0)

1. Corporation Name
HARDEE ASSOCIATION FOR RETARDED CITIZENS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1372 WAUCHULA FL 33873	P.O. BOX 1372 WAUCHULA FL 33873

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1976
3a. Date of Last Report: 09/02/1994
4. FEI Number: 59-1672829 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MCCOY, MICHAEL J.
RT. 3, 48 DENA CIRCLE
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	V	☒ Change ☐ Addition
NAME	KNIGHT, DESMOND	12 NAME	Arleen Platt	
STREET ADDRESS	RT 2 BOX 215K	13 STREET ADDRESS	Rt. 1, Box 100	
CITY-ST-ZIP	WAUCHULA FL 33873	14 CITY-ST-ZIP	Zolfo Springs, FL 33890	
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	MOORE, GARY	22 NAME		
STREET ADDRESS	210 S. 9TH AVE	23 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL 33873	24 CITY-ST-ZIP		
TITLE	T	31 TITLE	T	☒ Change ☐ Addition
NAME	TOMLINSON, VIDA	32 NAME	Emma Lou Whitehurst	
STREET ADDRESS	103 SHADY NOOK CIRCLE	33 STREET ADDRESS	Rt. 3, Hwy 17	
CITY-ST-ZIP	WAUCHULA FL 33873	34 CITY-ST-ZIP	Wauchula, FL 33873	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	DRISKELL, PATRICIA	42 NAME	Melinda Lackey	
STREET ADDRESS	RT. 2 BOX 152	43 STREET ADDRESS	612 Green St.	
CITY-ST-ZIP	WAUCHULA FL	44 CITY-ST-ZIP	Wauchula, FL 33873	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MOORE, ELNA	52 NAME		
STREET ADDRESS	210 S. 9TH AVENUE	53 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	PLATT, ARLEEN	62 NAME	Herbert O. Perin	
STREET ADDRESS	RT 1, BOX 100	63 STREET ADDRESS	109 Inglis Way	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	64 CITY-ST-ZIP	Wauchula, FL 33873	

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: Arleen Platt 3-24-95 7350158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone) #

Arleen Platt

D06B420