

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 736816 (0)**  
1. Corporation Name  
**HARDEE ASSOCIATION FOR RETARDED CITIZENS, INC.**



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

Mailing Address  
**P.O. BOX 1372  
WAUCHULA FL 33873**

3. Date Incorporated or Qualified  
**09/15/1976**

3a. Date of Last Report  
**03/30/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1672829</b>		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					
25. Country		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. City	
84. City	<b>FL</b>
85. Zip Code	

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

Signature typed or printed name of registered agent and start date

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLATT, ARLEEN</b>	1.2 NAME	
STREET ADDRESS	<b>RT 1 BOX 100</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZOLFO SPRINGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, GARY</b>	2.2 NAME	
STREET ADDRESS	<b>210 S. 9TH AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAUCHULA FL 33873</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITEHURST, EMMA L</b>	3.2 NAME	
STREET ADDRESS	<b>RT 3 HWY 17</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAUCHULA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LACKEY, MELINDA</b>	4.2 NAME	
STREET ADDRESS	<b>612 GREEN ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAUCHULA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, ELNA</b>	5.2 NAME	
STREET ADDRESS	<b>210 S. 9TH AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAUCHULA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERIN, HERBERT O</b>	6.2 NAME	
STREET ADDRESS	<b>109 INGLIS WAY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAUCHULA FL</b>	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)(k), 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: Emma L. Whitehurst **Emma L. Whitehurst 01/31/96 (941) 735-1121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)