

FILE NOW: FILING FEE IS \$61.25

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May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **736816** (0)  
1. Corporation Name  
**HARDEE ASSOCIATION FOR RETARDED CITIZENS, INC.**



Principal Place of Business <b>P.O. BOX 1372 WAUCHULA FL 33873</b>	Mailing Address <b>P.O. BOX 1372 WAUCHULA FL 33873-1372</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified <b>09/15/1976</b>	3a. Date of Last Report <b>02/08/1996</b>
4. FEI Number <b>59-1672829</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MCCOY, MICHAEL J. RT. 3, 48 DENA CIRCLE WAUCHULA FL 33873</b>	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	V <input type="checkbox"/> DELETE
NAME	<b>PLATT, ARLEEN</b>
STREET ADDRESS	<b>RT 1 BOX 100</b>
CITY-ST-ZIP	<b>ZOLFO SPRINGS FL</b>
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>MOORE, GARY</b>
STREET ADDRESS	<b>210 S. 9TH AVE</b>
CITY-ST-ZIP	<b>WAUCHULA FL 33873</b>
TITLE	T <input type="checkbox"/> DELETE
NAME	<b>WHITEHURST, EMMA L</b>
STREET ADDRESS	<b>RT 3 HWY 17</b>
CITY-ST-ZIP	<b>WAUCHULA FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>LACKEY, MELINDA</b>
STREET ADDRESS	<b>612 GREEN ST.</b>
CITY-ST-ZIP	<b>WAUCHULA FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>MOORE, ELNA</b>
STREET ADDRESS	<b>210 S. 9TH AVENUE</b>
CITY-ST-ZIP	<b>WAUCHULA FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>PERIN, HERBERT O</b>
STREET ADDRESS	<b>109 INGLIS WAY</b>
CITY-ST-ZIP	<b>WAUCHULA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Marino, Ardell</b>
1.3 STREET ADDRESS	<b>2758 St. Road 66</b>
1.4 CITY-ST-ZIP	<b>Zolfo Springs FL 33890</b>
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Moore, Gary</b>
2.3 STREET ADDRESS	<b>210 S. 9th. Ave.</b>
2.4 CITY-ST-ZIP	<b>Wauchula FL 33873</b>
3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Whitehurst, Emma L.</b>
3.3 STREET ADDRESS	<b>Rt. 3, HWY 17</b>
3.4 CITY-ST-ZIP	<b>Wauchula FL 33873</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Emma L. Whitehurst **Emma L. Whitehurst** 4/24/97 941-735-0980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054469

C 2E037 (9/96)