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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90092 039 \*\*\*\*70.00

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**DOCUMENT # 736816**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

**09/15/1976**

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

9. Name and Address of Current Registered Agent

**MCCOY, MICHAEL J.**  
**1753 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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
T	Marino, Ardell	2758 State Road 66	Zolfo Springs, FL 33890	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Platt, Arleen	Rt. 1, Box 100	Zolfo Springs, FL 33890	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I 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, with all other like empowered.

SIGNATURE:

*Ardell Marino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 12, 199

Date

941 735-1847

Daytime Phone #

CR2E037 (11/98)