2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# 736816

Entity Name: HARDEE ASSOCIATION FOR RETARDED CITIZENS, INC.

Current Principal Place of Business:

2638 MERLE LANGFORD RD
ZOLFO SPRINGS, FL 33890

New Principal Place of Business:

Current Mailing Address:

P O BOX 1372
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 59-1672829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCCOY, MICHAEL J
1753 DENA CIRCLE
WAUCHULA, FL 33873 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	JOHNSON, JAMES R	
Address:	1942 STATE RD 66	
City-St-Zip:	ZOLFO SPRINGS, FL 33890	
Title:	O	( ) Delete
Name:	MATHENY, CHARLES	
Address:	4202 SWEETWATER RD	
City-St-Zip:	ZOLFO SPRINGS, FL 33890	
Title:	O	( ) Delete
Name:	RATLIFF, MARION	
Address:	112 N 1ST AVE	
City-St-Zip:	WAUCHULA, FL 33873	
Title:	O	(X) Delete
Name:	LAMB, LENORA	
Address:	465 HWY 64 E	
City-St-Zip:	ZOLFO SPRINGS, FL 33890	
Title:	D	( ) Delete
Name:	MARION, ARDELL	
Address:	2758 STATE RD 66E	
City-St-Zip:	ZOLFO SPRINGS, FL 33890	
Title:	D	( ) Delete
Name:	FORD, MARILYN	
Address:	1245 BROADUS WILLIAMS	
City-St-Zip:	ZOLFO SPRINGS, FL 33890	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	O	(X) Change ( ) Addition
Name:	JOHNSON, JAMES R	
Address:	1942 STATE RD 66	
City-St-Zip:	ZOLFO SPRINGS, FL 33890	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R JOHNSON O 04/23/2007

Electronic Signature of Signing Officer or Director — Date