2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 736816

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

Principal Place of Business	Mailing Address
2638 MERLE LANGFORD RD ZOLFO SPRINGS, FL 33890	P O BOX 1372 WAUCHULA, FL 33873

DO NOT WRITE IN THIS SPACE

01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1672829

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCOY, MICHAEL J
1753 DENA CIRCLE
WAUCHULA, FL 33873

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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	JOHNSON, JAMES R
STREET ADDRESS	1942 STATE RD 66
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	O
NAME	MATHENY, CHARLES
STREET ADDRESS	4202 SWEETWATER RD
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	O
NAME	RATLIFF, MARION
STREET ADDRESS	112 N 1ST AVE
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	D
NAME	MARION, ARDELL
STREET ADDRESS	2758 STATE RD 66E
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	D
NAME	FORD, MARILYN
STREET ADDRESS	1245 BROADUS WILLIAMS
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/08-80020-010 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marion E. Ratliff 1/25/08 863-753-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Marion E. Ratliff