

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736816

FILED  
Apr 20, 2009  
Secretary of State

**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 ( )**

**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: O ( ) 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: 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PLATT, ARLEEN  
Address: 5320 COWPEN DRIVE  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL J. MCCOY

RA

04/20/2009

Electronic Signature of Signing Officer or Director

Date