

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 738557**

1. Entity Name  
**HARDEE COUNTY CATTLEMEN'S ASSOCIATION, INC.**



Principal Place of Business  
**CORNER OF ALTMAN AND STENSTROM ROAD  
PO BOX 1831  
WAUCHULA, FL 33873**

Mailing Address  
**BOX 1831  
WAUCHULA, FL 33873 US**

**DO NOT WRITE IN THIS SPACE**



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**23-7384629**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GORDON, GREG  
541 S 6TH AVE  
WAUCHULA, FL 33873**

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
HUGHES, DAMOAN  
4048 JOHN CARLTON RD.  
ZOLFO SPRINGS, FL 33890**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
NORRIS, KEVIN  
P.O. BOX 1126  
ZOLFO SPRINGS, FL 33890**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCCLEHAND, HAROLD  
248 FARNELD RD  
ZOLFO SPRINGS, FL 33890**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
GORDON, GREG  
541 S 6TH AVE  
WAUCHULA, FL 33873**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SHIVER, GARY C  
P.O. BOX 450  
ZOLFO SPRINGS, FL 33890**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JONES, GARY  
COUNTY LINE RD  
BOWLING GREEN, FL**

U000000746512  
05/16/07-80072-018 61.25

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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:** *John G. Gordon* **John G. Gordon** 426-07 863-773-5888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #