

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90101 003 ****61.25

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Hughes, Darin
712 Crosby Lane
Wauchula, FL 33873** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Pearson, Clark
698 Hollandtown Rd.
Wauchula, FL 33873** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Jones Gary
P.O. Box 527
Bowling Green, FL 33834** ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 D. De...*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-08

Date

863-773-5888

Daytime Phone #