


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 741961</b> Entity Name VNA CHARITABLE FOUNDATION OF HARDEE, INCORPORATED	
---	---

Principal Place of Business 203 S SEVENTH AVE WAUCHULA, FL 33873 US	Mailing Address 203 S SEVENTH AVE WAUCHULA, FL 33873 US
---	---

**DO NOT WRITE IN THIS SPACE**



04262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1856567	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

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

MANLEY, MICHEL D  
203 SOUTH 7TH AVENUE  
WAUCHULA, FL 33873

**DO NOT WRITE  
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, 2006**

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	D BLACKMON, EVELYN 8825 STATE ROAD 64 WEST ONA, FL 33865
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, JACK 1302 STENSTROM ROAD WAUCHULA, FL 33873
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MANLEY, MICHAEL D 203 SOUTH 7TH AVE WAUCHULA, FL 33873
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MISLEVY, PAUL 313 PARK DRIVE WAUCHULA, FL 33873
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD COLLINS, SYLVIA M 502 EAST MAIN STREET WAUCHULA, FL 33873
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICH, JERRY 417 W MAIN STREET WAUCHULA, FL 33873
--	---

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000000561879  
05/19/06-80032-014 61.25

5/1/06 803-773-6