2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 08:00 AM
Secretary of State

DOCUMENT # 741961

1. Entity Name
VNA CHARITABLE FOUNDATION OF HARDEE, INCORPORATED

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

DO NOT WRITE IN THIS SPACE

05012008 No Chg-NP CR2E037 (4/06)

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

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

6. Name and Address of Current Registered Agent

MANLEY, MICHEL D
203 SOUTH 7TH AVENUE
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

U00000949534
06/03/08-80032-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLACKMON, EVELYN
STREET ADDRESS	8825 STATE ROAD 64 WEST
CITY-ST-ZIP	ONA, FL 33865
TITLE	D
NAME	CLARK, JACK
STREET ADDRESS	1302 STENSTROM ROAD
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	CD
NAME	MANLEY, MICHAEL D
STREET ADDRESS	203 SOUTH 7TH AVE
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	D
NAME	MISLEVY, PAUL
STREET ADDRESS	313 PARK DRIVE
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	VCD
NAME	COLLINS, SYLVIA M
STREET ADDRESS	502 EAST MAIN STREET
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	D
NAME	RICH, JERRY
STREET ADDRESS	417 W MAIN STREET
CITY-ST-ZIP	WAUCHULA, FL 33873

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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: _____ 5/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #