2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 741961

Entity Name: VNA CHARITABLE FOUNDATION OF HARDEE, INCORPORATED

Current Principal Place of Business:

203 S SEVENTH AVE
WAUCHULA, FL 33873 US

New Principal Place of Business:

Current Mailing Address:

203 S SEVENTH AVE
WAUCHULA, FL 33873 US

New Mailing Address:

FEI Number: 59-1856567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANLEY, MICHEL D
203 SOUTH 7TH AVENUE
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: D ( ) Delete
Name: BLACKMON, EVELYN
Address: 8825 STATE ROAD 64 WEST
City-St-Zip: ONA, FL 33865

Title: D ( ) Delete
Name: CLARK, JACK
Address: 1302 STENSTROM ROAD
City-St-Zip: WAUCHULA, FL 33873

Title: CD ( ) Delete
Name: MANLEY, MICHAEL D
Address: 203 SOUTH 7TH AVE
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete
Name: MISLEVY, PAUL
Address: 313 PARK DRIVE
City-St-Zip: WAUCHULA, FL 33873

Title: VCD ( ) Delete
Name: COLLINS, SYLVIA M
Address: 502 EAST MAIN STREET
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete
Name: RICH, JERRY
Address: 417 W MAIN STREET
City-St-Zip: WAUCHULA, FL 33873

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

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

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 D MANLEY CHMN 04/30/2009
Electronic Signature of Signing Officer or Director Date