FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91340 024 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002151

Entity Name
HARDEE VOLUNTEER FIRE FIGHTERS' ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
149 K.D. REVELL RD		P.O. BOX 652	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: WAUCHULA FL 33873		City & State: WAUCHULA FL 33873	
Zip: 33873	Country: USA	Zip: 33873	Country: USA

DO NOT WRITE IN THIS SPACE

FEI Number: 59-3623450 ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: DORSEY, JOHN

Street Address (P.O. Box Number is Not Acceptable): 215 N 5TH AVE

City: WAUCHULA FL Zip Code: 33873

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.

SIGNATURE ______________________________

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

FEE IS $61.25 Due by or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DORSEY, JOHN
STREET ADDRESS	215 N 5TH AVE
CITY-ST-ZIP	WAUCHULA FL 33873
TITLE	SD
NAME	ADLER, JOHN
STREET ADDRESS	1202 W MAIN ST
CITY-ST-ZIP	BOWLING GREEN FL 33834
TITLE	TD
NAME	JOHNS, TIM
STREET ADDRESS	513 E PALMETTO ST
CITY-ST-ZIP	WAUCHULA FL 33873
TITLE	D
NAME	NICOLS, RICHARD
STREET ADDRESS	1632 KAZEN RD
CITY-ST-ZIP	WAUCHULA FL 33873
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R DORSEY 05-07-02 (863)202-6558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #