2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 08:00 AM
Secretary of State

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1. Entity Name
HARDEE VOLUNTEER FIRE FIGHTERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
149 K.D. REVELL RD WAUCHULA, FL 33873	P.O. BOX 652 WAUCHULA, FL 33873-0652

07272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3623450
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DORSEY, JOHN R
215 NORTH 5TH 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 September 8, 2004

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

U00000169584
08/09/04-80001-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DORSEY, JOHN
STREET ADDRESS	215 N 5TH AVE
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	D
NAME	NICOLS, RICHARD
STREET ADDRESS	1632 KAZEN RD
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	SD
NAME	ADLER, JOHN
STREET ADDRESS	1202 WEST MAIN STREET
CITY-ST-ZIP	BOWLING GREEN, FL 33834
TITLE	TD
NAME	JOHNS, TIM
STREET ADDRESS	3054 SCORALICK
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John R Dorsey 8-4-04 863-773-6164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #