

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N00000002151 1. Entity Name HARDEE VOLUNTEER FIRE FIGHTERS' ASSOCIATION, INC.	
--	---

Principal Place of Business 149 K.D. REVELL RD WAUCHULA, FL 33873	Mailing Address 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	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.

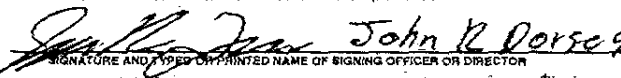
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)	DATE
--	-------------

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000169564 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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #