

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01857

FILED
Jan 28, 2009
Secretary of State

Entity Name: THE HARDY BENEVOLENT TRUST FUND, INC.

Current Principal Place of Business:

17020 POWERLINE ROAD
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

17020 POWERLINE ROAD
DADE CITY, FL 33523

New Mailing Address:

FEI Number: 59-2424247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TABB, JAMES K JR
13816 CARRYBACK DRIVE
DADE CITY, FL 33525 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: DP () Delete
Name: HARDY, ROY T
Address: 17020 POWERLINE ROAD
City-St-Zip: DADE CITY, FL 33523

Title: DV () Delete
Name: ROBERTS, ANN
Address: 16916 POWERLINE RD
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: FENTON, RICHARD E
Address: 16528 JESSAMINE RD
City-St-Zip: DADE CITY, FL 33523

Title: DT () Delete
Name: TABB, JAMES K JR.
Address: 13816 CARRYBACK DRIVE
City-St-Zip: DADE CITY, FL 33525

Title: DS () Delete
Name: SASSER, MARY CAY
Address: 38525 ARENA ROAD
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: BREWTON, WILLIAM F
Address: 38038 MERIDIAN AVENUE
City-St-Zip: DADE CITY, FL 33525

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: MARY CAY SASSER

DS

01/28/2009

Electronic Signature of Signing Officer or Director

Date