

# 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