

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001034

FILED  
Apr 10, 2008  
Secretary of State

Entity Name: HARDEE SWIM ASSOCIATION, INC.

**Current Principal Place of Business:**

770 REC COMPLEX DR.  
WAUCHULA, FL 33873

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1737  
WAUCHULA, FL 33873

**New Mailing Address:**

FEI Number: 01-0613479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ENGLISH, CANDACE  
1006 W. MAIN STREET  
WAUCHULA, FL 33873 US

**Name and Address of New Registered Agent:**

ROEHM, KATHLEEN D  
249 MAXWELL DR  
WAUCHULA, FL 33873 US

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: KATHLEEN D ROEHM

04/10/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DAGGETT, DICK  
Address: 272 GEORGETOWN LOOP  
City-St-Zip: WAUCHULA, FL 33873

Title: VD ( ) Delete  
Name: JUSTICE, RICK  
Address: 478 RIVER LANE  
City-St-Zip: WAUCHULA, FL 33873

Title: TD ( ) Delete  
Name: ENGLISH, CANDACE  
Address: 1006 W MAIN STREET  
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete  
Name: PATE, TRACY  
Address: 994 GRIFFIN ROAD  
City-St-Zip: WAUCHULA, FL 33873

Title: SD ( ) Delete  
Name: ROEHM, KATHLEEN  
Address: 249 MAXWELL DR  
City-St-Zip: WAUCHULA, FL 33873

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: NEWSOME, JEANNE  
Address: PO BOX 951  
City-St-Zip: WAUCHULA, FL 33873

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: KATHLEEN D ROEHM

SD

04/10/2008

Electronic Signature of Signing Officer or Director

Date