

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02412

FILED  
Jan 08, 2004  
Secretary of State

Entity Name: HARDEE COUNTY CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

209 SOUTH 6TH AVENUE  
WAUCHULA, FL 33873 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 683  
WAUCHULA, FL 33873 US

**New Mailing Address:**

FEI Number: 59-2327959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MANLEY, MIKE  
203 S 7TH AVE  
WAUCHULA, FL 33873

**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: D ( ) Delete  
Name: HANCOCK, CAROL  
Address: 502 W MAIN ST  
City-St-Zip: WAUCHULA, FL 33873

Title: S ( ) Delete  
Name: BLONDIN, MARK  
Address: 533 W CARLTON ST  
City-St-Zip: WAUCHULA, FL 33873

Title: TD ( ) Delete  
Name: MANLEY, MIKE  
Address: 203 S 7TH AVE  
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete  
Name: DELATORRE, GARY  
Address: 702 S 6TH AVE  
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete  
Name: DURRANCE, ELIZABETH  
Address: 106 NORTH 6TH AVENUE  
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete  
Name: BRIDGES, DAVID  
Address: 330 NORTH BREVARD AVENUE  
City-St-Zip: ARCADIA, FL 34266

**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 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 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: MIKE MANLEY

P/D

01/08/2004

Electronic Signature of Signing Officer or Director

Date