


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N02412 1. Entity Name HARDEE COUNTY CHAMBER OF COMMERCE, INC.		
Principal Place of Business 209 SOUTH 6TH AVENUE WAUCHULA, FL 33873 US	Mailing Address P.O. BOX 683 WAUCHULA, FL 33873 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MANLEY, MIKE 203 S 7TH AVE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	4. FEI Number 59-2327959
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	HANCOCK, CAROL	
STREET ADDRESS	502 W MAIN ST	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE	S	
NAME	BLONDIN, MARK	
STREET ADDRESS	533 W CARLTON ST	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE	TD	
NAME	MANLEY, MIKE	
STREET ADDRESS	203 S 7TH AVE	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE	D	
NAME	DELATORRE, GARY	
STREET ADDRESS	702 S 6TH AVE	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE	D	
NAME	DURRANCE, ELIZABETH	
STREET ADDRESS	106 NORTH 6TH AVENUE	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE	D	
NAME	BRIDGES, DAVID	
STREET ADDRESS	330 NORTH BREVARD AVENUE	
CITY-ST-ZIP	ARCADIA, FL 34266	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/28/06 (823) 773-6768



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**DO NOT WRITE
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