


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N02412 1. Entity Name HARDEE COUNTY CHAMBER OF COMMERCE, INC.	
----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 225 E. MAIN STREET WAUCHULA, FL 33873 US	Mailing Address P.O. BOX 683 WAUCHULA, FL 33873 US
------------------------------------------------------------------------------------	------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



05012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2327959	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
----------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------	------------

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	06/02/08-80006-023 61.25
-----------------------------------------------------	-------------------------------------------------------------------------------------	----------------------------------------	---------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANCOCK, CAROL MS. 414 W MAIN ST WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABBOTT, JAMA MS. 402 W. MAIN STREET WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANLEY, MIKE 203 S 7TH AVE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRISON, SANDY MRS. 245 S 6TH AVE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATCHLEY, TERRY MR. 690 DAVIDSON ST. BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DENNIS MR. 1001N 6TH AVE WAUCHULA, FL 33873

**DO NOT WRITE
IN THIS SPACE**

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: 	Date 5/1/08	Daytime Phone # _____
-------------------------------------------------------------------------------------------------------	--------------------	-----------------------