



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000002776			
1. Entity Name HARDEE COUNTY DRUG PREVENTION COALITION CORPORATION			
Principal Place of Business P.O. BOX 381 FROSTPROOF, FL 33843	Mailing Address P.O. BOX 381 FROSTPROOF, FL 33843		
DO NOT WRITE IN THIS SPACE			
		02132007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 43-2078900	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 YODONIS, FRANK 106 EAST MAIN STREET WAUCHULA, FL 33843		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 <u>FRANK Yodonis</u> <u><i>[Signature]</i></u> <u>03/09/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees U000000707155 04/24/07-80063-011 61.25
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BATEMAN, MARJORIE 621 SOUTH FLORIDA AVENUE LAKELAND, FL 33801		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YODONIS, FRANK PO BOX 381 FROSTPROOF, FL 33483		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DODDRIDGE, KATHRYN 3605 PAR ROAD SEBRING, FL 33872		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>Kathryn Doddridge Kathryn Doddridge</u> <u>2-16-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			