

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90015 025 ****70.00

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		
2. Principal Place of Business - No P.O. Box # 507 Civic Center Drive		3. Mailing Address PO Box 896			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Wauchula, FL		City & State Wauchula FL		4. FEI Number 43-2078900	
Zip 33873		Country USA		Applied For Not Applicable	
Zip 33873		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YODONIS, FRANK 106 EAST MAIN STREET WAUCHULA, FL 33843			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE C NAME BATEMAN, MARJORIE STREET ADDRESS 621 SOUTH FLORIDA AVENUE CITY-ST-ZIP LAKELAND, FL 33801	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME 1074 Hoffer Street STREET ADDRESS Port Charlotte, FL 33953 CITY-ST-ZIP		
TITLE T NAME YODONIS, FRANK STREET ADDRESS PO BOX 381 CITY-ST-ZIP FROSTPROOF, FL 33843	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME PO Box 896 STREET ADDRESS Wauchula, FL 33873 CITY-ST-ZIP		
TITLE S NAME DODDRIDGE, KATHRYN STREET ADDRESS 3605 PAR ROAD CITY-ST-ZIP SEBRING, FL 33872	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: Kathryn Doddridge / KATHRYN Doddridge 03/17/08 8633144357					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40048602



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