2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N05000008440

1. Entity Name
HARDEE COUNTY YOUTH SPORTS INC.

Principal Place of Business	Mailing Address
1000 SOUTH FLORIDA AVE WAUCHULA, FL 33873 US	P.O. BOX 1003 WAUCHULA, FL 33873 US

05012008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-3313793
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURTON, JOHN
519 WEST MAIN ST
WAUCHULA, FL 33873

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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.

U00000947255
06/02/08-80007-001 61.25

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KNIGHT, BRIAN
STREET ADDRESS	2587 MERLE LANGFORD RD
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	VP
NAME	KNIGHT, DOUG
STREET ADDRESS	4102 NURSERY RD
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	SEC
NAME	STEPHENS, BRENT
STREET ADDRESS	3175 OAKS BEND
CITY-ST-ZIP	BOWLING GREEN, FL 33834
TITLE	TREA
NAME	MOORE, KEVIN
STREET ADDRESS	P O BOX 1988
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	VP
NAME	PALMER, WEST
STREET ADDRESS	1211 ALTMAN ROAD
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kevin Moore Kevin Moore 5/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #