


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90018 009 \*\*\*\*70.00

<b>DOCUMENT # N06000001395</b> 1. Entity Name <b>HARDEE COUNTY COMMUNITY TRAFFIC CORP</b>					
Principal Place of Business <b>412 WEST ORANGE ST RM 103 WAUCHALA, FL 33873</b>			Mailing Address <b>412 WEST ORANGE ST RM 103 WAUCHALA, FL 33873</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WENDELL, ROSIE</b> <b>900 E SUMMIT ST</b> <b>WAUHALA, FL 33873</b>				Name <b>Leslie Bond, CTST Chairman</b> Street Address (P.O. Box Number is Not Acceptable) <b>115 K.D. Revell Rd.</b> City <b>Wauchula</b> <b>FL</b> <b>33873</b>	
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><i>Leslie S. Bond</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u><b>4/8/08</b></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	CTST Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WENDELL, ROSIE	NAME	Leslie Bond		
STREET ADDRESS	900 E SUMMIT ST	STREET ADDRESS	115 K.D. Revell Rd.		
CITY-ST-ZIP	WAUCHALA, FL 33873	CITY-ST-ZIP	Wauchula, FL 33873		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	CTST Vice-Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JONES, JOE	NAME	Dale Johnson		
STREET ADDRESS	1007 N 6TH AVE	STREET ADDRESS	412 W. Orange St., Rm. #103		
CITY-ST-ZIP	WAUCHALA, FL 33873	CITY-ST-ZIP	Wauchula, FL 33873		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUBBERLY, AMY	NAME			
STREET ADDRESS	404 W ORANGE ST	STREET ADDRESS			
CITY-ST-ZIP	WAUCHALA, FL 33873	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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><i>Leslie S. Bond</i></u>		DATE: <u><b>4/8/08</b></u>		DAYTIME PHONE: <u><b>(863) 773-4161</b></u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	