

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005170

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** HARDEE COUNTY BUILDERS ASSOCIATION SPECIAL PROJECTS, INC.

**Current Principal Place of Business:**

606 SOUTH SIXTH AVENUE  
WAUCHULA, FL 33873

**New Principal Place of Business:**

108 INGLIS WAY  
WAUCHULA, FL 33873

**Current Mailing Address:**

PO BOX 1025  
WAUCHULA, FL 33873

**New Mailing Address:**

**FEI Number:** 26-2745916      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, JO ANN EA  
1661 PAULA DRIVE  
WAUCHULA, FL 33873      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HASH, BENJAMIN R  
Address: 606 SOUTH SIXTH AVENUE  
City-St-Zip: WAUCHULA, FL 33873

Title: VP ( ) Delete  
Name: DELATORRE, GARY  
Address: PO BOX 1344  
City-St-Zip: WAUCHULA, FL 33873

Title: T ( ) Delete  
Name: ALBRITTON, SAM  
Address: PO BOX 2262  
City-St-Zip: WAUCHULA, FL 33873

Title: S ( ) Delete  
Name: CRAFT, NANCY  
Address: 3319 SWEETWATER RD  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: D ( ) Delete  
Name: SOUTHWELL, STEVEN  
Address: PO BOX 1748  
City-St-Zip: WAUCHULA, FL 33873

Title: D ( ) Delete  
Name: ROBERTS, CALVIN  
Address: 638 POPASH ROAD  
City-St-Zip: WAUCHULA, FL 33873

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DRISKELL, BRENT A  
Address: 108 INGLIS WAY  
City-St-Zip: WAUCHULA, FL 33873

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENT A. DRISKELL

P

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date