


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N18511</b> 1. Entity Name HARDEE COUNTY CATTLEWOMEN, INC.	
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Principal Place of Business WINGATE ROAD/HWY. 64 P.O. BOX 1967 WAUCHULA, FL 33873	Mailing Address WINGATE ROAD/HWY. 64 P.O. BOX 1967 WAUCHULA, FL 33873
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03222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2811884	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  GORDON, WINIFRED M. 6850 MT. PISGAH RD. FT. MEADE, FL 33841
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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.

SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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05/03/05-80144-012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P PLATT, JAN PO BOX 345 ZOLFO SPRINGS, FL 33873
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VPD GORDON, REGINA D PO BOX 335 NA BOWLING GREEN, FL 33834
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD GILLISPIE, PAULETTE 1560 S ORANGE AVE FT. MEADE, FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TD HENDERSON, MARGARET PO BOX 698 WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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 exemption stated in Section 119.07(3)(i), 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: <i>Regina D. Gordon</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>Regina D. Gordon</i> Date	<i>4-28-05</i> Signature Printed
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