2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N18511

1. Entity Name
HARDEE COUNTY CATTLEWOMEN, INC.

Principal Place of Business	Mailing Address
WINGATE ROAD/HWY. 64 P.O. BOX 1967 WAUCHULA, FL 33873	WINGATE ROAD/HWY. 64 P.O. BOX 1967 WAUCHULA, FL 33873

DO NOT WRITE IN THIS SPACE

04202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2811884
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ 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, 2006

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

U00000530936
05/06/06-80020-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PLATT, JAN
STREET ADDRESS	PO BOX 345
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33873
TITLE	VPD
NAME	GORDON, REGINA D
STREET ADDRESS	PO BOX 335 NA
CITY-ST-ZIP	BOWLING GREEN, FL 33834
TITLE	SD
NAME	GILLISPIE, PAULETTE
STREET ADDRESS	1560 S ORANGE AVE
CITY-ST-ZIP	FT. MEADE, FL
TITLE	TD
NAME	HENDERSON, MARGARET
STREET ADDRESS	PO BOX 698
CITY-ST-ZIP	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 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: Regina D. Gordon Regina D. Gordon 4-2006 863-7735888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #