

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18511

FILED  
Jan 12, 2012  
Secretary of State

**Entity Name:** HARDEE COUNTY CATTLEWOMEN, INC.

**Current Principal Place of Business:**

WINGATE ROAD/HWY. 64  
WAUCHULA, FL 33873

**New Principal Place of Business:**

PETTEWAY  
ZOLFO SPRINGS, FL 33890

**Current Mailing Address:**

P.O. BOX 1967  
WAUCHULA, FL 33873

**New Mailing Address:**

P.O. BOX 1773  
WAUCHULA, FL 33873

**FEI Number:** 59-2811884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PETTEWAY, WENDY  
2150 RAMON PETTEWAY RD.  
ZOLFO SPRINGS, FL 33890 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  
Name: HALLWORTH, REYNA  
Address: 3401 EXPERIMENT STATION  
City-St-Zip: ONA, FL 33865

Title: VPD  
Name: PATE, TRACY  
Address: 994 GRIFFIN ROAD  
City-St-Zip: WAUCHULA, FL 33873

Title: SD  
Name: SHAW, GWEN  
Address: P.O.BOX 274  
City-St-Zip: WAUCHULA, FL 33873

Title: TD  
Name: TAYLOR, MICHELLE  
Address: 7696 CREWSVILLE ROAD  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: D  
Name: PATE, VICKY  
Address: 1891 HAMPTON RD.  
City-St-Zip: WAUCHULA, FL 33873

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE L TAYLOR

TD

01/12/2012

Electronic Signature of Signing Officer or Director

Date