

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90052 043 ****61.25

DOCUMENT #N20625

1. Entity Name
HARDEE COUNTY MINISTERIAL ASSOCIATION, INC.



Principal Place of Business
**POST OFFICE BOX 422
WAUCHULA, FL 33873**

Mailing Address
**POST OFFICE BOX 422
WAUCHULA, FL 33873**

40073336



04012008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2993242

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, JIMMY
1510 BURTON ST
WAUCHULA, FL 33873**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	LARRISON, BROOK
STREET ADDRESS	308 NE PARK DR.
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	VD
NAME	KNIGHT, WILLIAM
STREET ADDRESS	207 N. SEVENTH AVE.
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	PD
NAME	MORSE, JIMMY D
STREET ADDRESS	912 N 8TH AVENUE
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	TD
NAME	WILLIAMS, JIMMY R.
STREET ADDRESS	1510 BURTON STREET
CITY-ST-ZIP	WAUCHULA, FL
TITLE	SD
NAME	Polk, Steve
STREET ADDRESS	4909 N. Church Ave
CITY-ST-ZIP	Bowling Green, FL 33834
TITLE	VD
NAME	Johnson, Randy
STREET ADDRESS	Reality Ranch, SR 66 EAST
CITY-ST-ZIP	20 LFO SPRINGS, FL 33890

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jimmy R. Williams, Treasurer/Director

4-7-08 863-7814665