2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N20625

Entity Name: HARDEE COUNTY MINISTERIAL ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 422
WAUCHULA, FL 33873

New Principal Place of Business:

713 EAST BAY ST
WAUCHULA, FL 33873

Current Mailing Address:

POST OFFICE BOX 422
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 59-2993242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, JIMMY
1510 BURTON ST
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: PD ( ) Delete
Name: MORSE, JIMMY D
Address: 912 N 8TH AVENUE
City-St-Zip: WAUCHULA, FL 33873

Title: TD ( ) Delete
Name: WILLIAMS, JIMMY R.
Address: 1510 BURTON STREET
City-St-Zip: WAUCHULA, FL

Title: SD ( ) Delete
Name: POLK, STEVE
Address: 4909 N. CHURCH AVE
City-St-Zip: BOWLING GREEN, FL 33834

Title: VD ( ) Delete
Name: JOHNSON, RANDY
Address: REALITY RANCH SR 66 EAST
City-St-Zip: ZOLFO SPRINGS, FL 33890

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DAVIS, JIM
Address: 4326 WEST MAIN ST
City-St-Zip: WAUCHULA, FL 33873

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

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

Title: VD (X) Change ( ) Addition
Name: CLEMENTE, VINCENT
Address: 408 HEARD BRIDGE RD
City-St-Zip: WAUCHULA, FL 33873

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: JIMMY R. WILLIAMS TD 04/15/2009

Electronic Signature of Signing Officer or Director — Date