

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20625

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Entity Name:** HARDEE COUNTY MINISTERIAL ASSOCIATION, INC.

**Current Principal Place of Business:**

713 EAST BAY ST  
WAUCHULA, FL 33873

**New Principal Place of Business:**

**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: VD  
Name: DAVIS, JIM  
Address: 4326 WEST MAIN ST  
City-St-Zip: WAUCHULA, FL 33873

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

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

Title: SD  
Name: GANNON, ROD  
Address: 2915 SCHOOLHOUSE RD  
City-St-Zip: ZOLFO SPRINGS, FL 33890

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: JIMMY WILLIAMS

TD

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date