2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90029 040 ****61.25

DOCUMENT # N30851

1. Entity Name

HY-TEK FOUNDATION FOR THE DISABLED, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM R. BATEMAN 121 BROWNING CIRCLE SE WINTER HAVEN FL 33884	C/O WILLIAM R. BATEMAN 121 BROWNING CIRCLE SE WINTER HAVEN FL 33884

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
121 Browning Circle	121 Browning Circle, Winter Haven, Fl. 33884
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, Fl	City & State: Winter Haven, Fl.
Zip: 33884 Country: Polk	Zip: 33884 Country: Polk

4. FEI Number 58-9159005 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BATEMAN, WILLIAM R
121 BROWNING CIRCLE SE
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATEMAN, WILLIAM R 121 BROWNING CIRCLE SE WINTER HAVEN FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BATEMAN, DEAN K 121 BROWNING CIRCLE SE WINTER HAVEN FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BATEMAN, SUZANNE L 436 NE 14TH AVENUE FORT LAUDERDALE FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, LORRAINE 113 LAKE FLORENCE DRIVE NO WINTER HAVEN FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BATEMAN, NEAL E 617 PRESTON PARK DRIVE DULUTH GA 30096	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHREYS, WILLIAM 114 BROWNING CIRCLE WINTER HAVEN FL 33884	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William R. Bateman (William R. Bateman) 1/25/08 863-324-1117