


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90022 030 ****70.00

DOCUMENT # N33477 1. Entity Name THE HARDEE COUNTY EDUCATION FOUNDATION, INCORPORATED					
Principal Place of Business 206 N. SIXTH AVENUE WAUCHULA, FL 33873				Mailing Address PO BOX 1678 WAUCHULA, FL 33873	
2. Principal Place of Business - No P.O. Box # 1009 N. 6th Ave.		3. Mailing Address Suite, Apt. #, etc.			
City & State Wauchula, FL		City & State			
Zip 33873	Country USA	Zip	Country		
6. Name and Address of Current Registered Agent SEE, JAMES V JR. 206 N. SIXTH AVENUE WAUCHULA, FL 33873				7. Name and Address of New Registered Agent Name Sharon Corbett Street Address (P.O. Box Number is Not Acceptable) 1025 Briarwood Drive City Wauchula FL Zip Code 33873	
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 <u>Sharon Corbett, President</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-18-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P SEE, JAMES V JR. 206 N. SIXTH AVENUE WAUCHULA, FL 33873 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sharon Corbett 1025 Briarwood Drive Wauchula, FL 33873 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, GLORIA POST OFFICE BOX 516 WAUCHULA, FL 33873 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VicePresident Arnold Lanier 900 E. Summit Street Wauchula, FL 33873 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORBETT, SHARON POST OFFICE BOX 13873 WAUCHULA, FL 33873 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Gloria Davis 322 Manley Road Wauchula, FL 33873 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONERLY, DOTTIE POST OFFICE BOX 1028 WAUCHULA, FL 33873 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James V. See Jr. 206 N. 6th Avenue Wauchula, FL 33873 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANCOCK, CAROL POST OFFICE BOX 457 WAUCHULA, FL 33873 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Sharon Corbett</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4-18-08</u> Daytime Phone # <u>863-773-4116</u>	