

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90004 029 ****61.25

DOCUMENT # N45050

1. Entity Name
HARDEE MEMORIAL HOSPITAL, INC.



Principal Place of Business
**P.O. DRAWER 1729
WAUCHULA, FL 33873**

Mailing Address
**P.O. DRAWER 1729
WAUCHULA, FL 33873**

20061060



06282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0291105** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TERRELL, DEWEY M
406 N 6TH AVENUE
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 September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD TERRELL, DEWEY M STRENTROM ROAD WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUMARD, DENISE 500 KELLY COURT WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, SUSAN C DAMSBUR PAD WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

6-28-05 863-773-3241

Date

Daytime Phone #