

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

FILED

May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N45050

1. Entity Name

HARDEE MEMORIAL HOSPITAL, INC.



Principal Place of Business

Mailing Address

**P.O. DRAWER 1729
WAUCHULA FL 33873**

**P.O. DRAWER 1729
WAUCHULA FL 33873**



1st MOORE

CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0291105

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TERRELL, DEWEY M
406 N 6TH AVENUE
WAUCHULA FL 33873**

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 is not required when re-registering)

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
**PCD
TERRELL, DEWEY M
STRENTSTROM ROAD
WAUCHULA FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**U00000941914
05/28/08-80127-001 61.25** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
SHUMARD, DENISE
500 KELLY COURT
WAUCHULA FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**STD
SMITH, SUSAN C
DAMSBUR ROAD
WAUCHULA FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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☐ 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:

[Signature]

4-29-08

863-773-3241