

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90070 044 ****61.25

DOCUMENT # N96000004315 1. Entity Name HARDEE COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.					
Principal Place of Business 312 N 7TH AVE WAUCHULA, FL 33873			Mailing Address P.O. BOX 458 WAUCHULA, FL 33873		
2. Principal Place of Business - No P.O. Box # 401 N 6th Avenue		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0704795	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBRITTON, LEXTON H 412 WEST ORANGE, ROOM 103 WAUCHULA, FL 33873				7. Name and Address of New Registered Agent Name William (Bill) Lambert Street Address (P.O. Box Number is Not Acceptable) 401 N 6th Ave. 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><i>William R. Lambert</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u><i>1/8/08</i></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	DC COBB, LAVON 401 S.SIXTH AVE. WAUCHULA, FL 33873	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC TERRELL, DEWEY 406 N.6TH AVE WAUCHULARINGS, FL 33873	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CRAFT, NANCY 3319 SWEETWATER RD ZOLFO SPRINGS, FL 33890	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Rick Justice P.O. Box 966 Wauchula, FL 33873	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC John Barlow 732 Cecil Burrance Zolfo Springs FL 33890	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Mike Manley 208 S 7th Ave Wauchula, FL 33873	<input type="checkbox"/> Delete			
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><i>Rob J. ...</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u><i>1/8/08</i></u> (863) 773-4136 <small>Date Daytime Phone #</small>	