

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000005684

1. Entity Name
HEREFORD ASSOCIATION OF FLORIDA, INC.



Principal Place of Business
**1210 HIGHLANDS DRIVE
LAKE PLACID, FL 33852**

Mailing Address
**PO BOX 1931
LAKE PLACID, FL 33862**



01242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0835751

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHILDS, SARAH K
1210 HIGHLANDS DR
LAKE PLACID, FL 33862**

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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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHILDS, SARAH
STREET ADDRESS	P.O. BOX 1931 N/A
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	VP
NAME	PUTNAM, SALLY
STREET ADDRESS	1200 HIGHLANDS DRIVE
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	S
NAME	SUMNER, SID
STREET ADDRESS	399 WEST TYLER STREET
CITY-ST-ZIP	BARTOW, FL 338304550
TITLE	D
NAME	CHAMBLISS, BOBBY MR
STREET ADDRESS	1425 GRAVES HIGHWAY
CITY-ST-ZIP	DAWSON, GA 31742
TITLE	D
NAME	ASCUE, GEORGE MR
STREET ADDRESS	RT BOX 89
CITY-ST-ZIP	CEDAR BLUFF, VA 24609
TITLE	D
NAME	SHORE, MARK MR
STREET ADDRESS	R 1 BOX 331
CITY-ST-ZIP	WALNUT COVE, NC 27052

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01/31/07-80011-014 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 26, 2007
Date

Daytime Phone #