

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90025 019 \*\*\*\*70.00

<b>DOCUMENT # 721283</b> 1. Entity Name <b>THE HARBOR BEHAVIORAL HEALTH CARE INSTITUTE, INC.</b>					
Principal Place of Business <b>7809 MASSACHUSETTS AVE NEW PT RICHEY, FL 34653 US</b>			Mailing Address <b>PO BOX 428 NEW PORT RICHEY, FL 34656 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1371752</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>TORRENCE, ALFRED W. JR. 6645 RIDGE ROAD PORT RICHEY, FL 34668</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CHESNUT, PHILIP 6331 GARLAND CT NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roger Graves 3004 Bradford Circle Palm Harbor, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, DONNA D 13288 DRYSDALE ST SPRING HILL, FL 34609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D Alfred W. Torrence, Jr. 6645 Ridge Road, Suite One Port Richey, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BARNETT, BEVERLY 6220 MISSOURI AVE NEW PORT RICHEY, FL 34653	<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	D KIMBROUGH, BOB 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Janet Andersen Hernando County Sheriff's Office P.O. Box 10070, Brooksville, FL 35603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HELIE, KING 3707 CORSAIR COURT NEW PORT RICHEY, FL	<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	D TODARO, MAUREEN 1740 FAIRFIELD ST HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Doug Leonardo 7809 Massachusetts Avenue New Port Richey, FL 34653
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.					
<b>SIGNATURE:</b>				1.11.08 727-816-9851	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	