

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 769202

1. Entity Name
RESTHAVEN OF HARDEE COUNTY, INC.



Principal Place of Business
298 RESTHAVEN BLVD
ZOLFO SPRINGS, FL 33890

Mailing Address
120 NO 4TH AVE
WAUCHULA, FL 33873



03022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1471892

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRAHAM, JUDY
120 NO 4TH AVE
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 renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 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
PD
CRAWLEY, MARY L
5147 OLLIE ROBERTS RD
BOWLING GREEN, FL 33834

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
HANEY, BETTY JO
504 AVON ST
BOWLING GREEN, FL 33834

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
THORNTON, SYLVIA
2972 GEORGE ANDERSON RD
WAUCHULA, FL 33873

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
SAUNDERS, CAROLINE
1150 SAUNDERS LANE
WAUCHULA, FL 33873

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WILLIAMS, JIM
1510 BURTON ST
WAUCHULA, FL 33873

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000252322
03/05/05-80022-010 61.25

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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:

Judy Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/05

Date

863-773-2637

Daytime Phone #