

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 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



03022006 No Chg-NP

CR2E037 (11/05)

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CRAWLEY, MARY L
STREET ADDRESS 5147 OLLIE ROBERTS RD
CITY-ST-ZIP BOWLING GREEN, FL 33834

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000455954
03/16/06-80008-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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

3-3-06

Date

863 773 2637

Daytime Phone