

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769202

FILED
Apr 16, 2009
Secretary of State

Entity Name: RESTHAVEN OF HARDEE COUNTY, INC.

Current Principal Place of Business:

298 RESTHAVEN BLVD
ZOLFO SPRINGS, FL 33890

New Principal Place of Business:

Current Mailing Address:

120 NO 4TH AVE
WAUCHULA, FL 33873

New Mailing Address:

120 N 4TH AVE
WAUCHULA, FL 33873

FEI Number: 59-1471892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, JUDY
120 NO 4TH AVE
WAUCHULA, FL 33873 US

Name and Address of New Registered Agent:

GRAHAM, TESSA
120 N 4TH AVE
WAUCHULA, FL 33873 US

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.

SIGNATURE: TESSA GRAHAM

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRAWLEY, MARY L
Address: 5147 OLLIE ROBERTS RD
City-St-Zip: BOWLING GREEN, FL 33834

Title: VD () Delete
Name: THORNTON, SYLVIA
Address: 2972 GEORGE ANDERSON RD
City-St-Zip: WAUCHULA, FL 33873

Title: TD () Delete
Name: SAUNDERS, CAROLINE
Address: 1150 SAUNDERS LANE
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: WILLIAMS, JIM
Address: 1510 BURTON ST
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: DAVIS, CAROLYN
Address: 2653 BARKOOLL RD.
City-St-Zip: BOWLING GREEN, FL 33834

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOIS CRAWLEY

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date