

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 05, 2010
Secretary of State**

DOCUMENT# 769202

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 N 4TH AVE
WAUCHULA, FL 33873**New Mailing Address:****FEI Number:** 59-1471892**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GRAHAM, TESSA
120 N 4TH AVE
WAUCHULA, FL 33873 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VD
Name: GOURLEY, WAYNE
Address: 3160 MURPHY ROAD
City-St-Zip: ONA, FL 33865

Title: TD
Name: COTTON, WENDALL
Address: 258 SOUTH HOLLANDTOWN RD
City-St-Zip: WAUCHULA, FL 33873

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

Title: SD
Name: CARLTON, SANDY
Address: 5975 STEVE ROBERTS SPECIAL
City-St-Zip: ZOLFO SPRINGS, FL 33890

I hereby 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 all other like empowered.

SIGNATURE: SANDY CARLTON

S

07/05/2010

Electronic Signature of Signing Officer or Director

Date