

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # N06000012195

1. Entity Name
RIO RECOVERY CENTER INC.



Principal Place of Business
**938 NE KUBIN AVE.
RIO, FL 34957**

Mailing Address
**938 NE KUBIN AVE.
RIO, FL 34957**



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1983249	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HAWN, JAMES R
938 NE KUBIN AVE.
RIO, FL 34957**

**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

James R. Hawn

1-10-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000783849
01/16/08-80031-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWN, JAMES R 938 NE KUBIN AVE. JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOYD, JODY A WAVERLY TERRACE JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARMON, JEFFREY P 108 POND STREET NATICK, MA 01760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

James R. Hawn

1-10-08 *485-7304*

Date

Daytime Phone #