FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:31

DOCUMENT # **N47302** **(7)**

1. Corporation Name
HORIZONS OF OKALOOSA COUNTY, INC.

Principal Place of Business	Mailing Address
121 & 123 TRUXTON FT WALTON BEACH FL 32547	P.O. BOX 2350 FT. WALTON BEACH FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1992
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-3109969 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOLLIS, DONNA
123 TRUXTON BLVD.
FT. WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	DREYER, ROBERT	1.2 NAME	
STREET ADDRESS	709 PLANET DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	SOMERS, ROBERT B	2.2 NAME	ED PATTAGLIA
STREET ADDRESS	816 SAINT KITTS COVE	2.3 STREET ADDRESS	146 Hollywood Blvd
CITY-ST-ZIP	NICEVILLE FL 32578	2.4 CITY-ST-ZIP	FT Walton Beach, FL 32549
TITLE	T	3.1 TITLE	T ☒ Change ☐ Addition
NAME	ESTES, S. RICHARD	3.2 NAME	EDDIE PHILLIPS
STREET ADDRESS	649 NE POWELL DR.	3.3 STREET ADDRESS	2572 PALM SHORES DRIVE
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	3.4 CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ANGELO, JAMES	4.2 NAME	
STREET ADDRESS	861 N. EGLIN PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BARLEY, JOE	5.2 NAME	
STREET ADDRESS	6271 GARDEN CITY RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CREESTVIEW FL 32536	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ESCO, GLENDA	6.2 NAME	
STREET ADDRESS	4593 SCARLET DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32536	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert C. Dreyer 3/30/95 904-863-3441
MANDATORY: SIGNED AND TYPED OR PRINTED NAME OF NATURAL OFFICER OR DIRECTOR — Date — Daytime Phone #

095M47