

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90054 025 ****61.25

DOCUMENT # N47302

1. Corporation Name

HORIZONS OF OKALOOSA COUNTY, INC.

Principal Place of Business
121 & 123 TRUXTON
FT WALTON BEACH FL 32547

Mailing Address
P.O. BOX 2350
FT. WALTON BEACH FL 32549



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/11/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3109969	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

JONES, MELISSA D
123 TRUXTON AVENUE
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Melissa D Jones, Chief Financial Officer 2/19/99

Signature, typed or printed name of registered agent and this is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ESTES, S.RICHARD	1.2 NAME	
STREET ADDRESS	649 NE POWELL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PRITCHARD, KATHLEEN A	2.2 NAME	
STREET ADDRESS	512 OSCEOLE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	POOLEY, JAN	3.2 NAME	
STREET ADDRESS	2805 JERRY PATE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL 32579	3.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HOLT, ELLEN	4.2 NAME	
STREET ADDRESS	1158 MUIRFIELD WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	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 ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ALLISON, DON	6.2 NAME	
STREET ADDRESS	809 LAUREL DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(1/98)

0079377