

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N47302

FILED
Apr 10, 2003
Secretary of State

Entity Name: HORIZONS OF OKALOOSA COUNTY, INC.

Current Principal Place of Business:

121 & 123 TRUXTON
FT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

123 TRUXTON AVENUE
FT. WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 59-3109969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, MELISSA D
123 TRUXTON AVENUE
FT. WALTON BEACH, FL 32547 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: P () Delete
Name: PRITCHARD, KATHLEEN A
Address: 249 WAKISSA COVE
City-St-Zip: DESTIN, FL 32541

Title: VP () Delete
Name: TIDMORE, MAXWELL
Address: 110 CHICAGO AVENUE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: T () Delete
Name: VAUGHAN, KING
Address: 3 PEMBROKE PLACE
City-St-Zip: FORT WALTON BEACH, FL 32577

Title: S () Delete
Name: POOLEY, LESLIE J
Address: 2805 JERRY PATE COURT
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: BARLEY, JOE
Address: 6271 GARDEN CITY RD.
City-St-Zip: CREESTVIEW, FL 32536

Title: D () Delete
Name: HOLT, ELLEN
Address: 1158 MUIRFIELD WAY
City-St-Zip: NICEVILLE, FL 32578

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:

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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 for the exemption stated in Section 119.07(3)(i), 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: KATHLEEN A. PRITCHARD

PRES

04/10/2003

Electronic Signature of Signing Officer or Director

Date

MARK VIOLETTE
1241 AIRPORT ROAD, STE D
DESTIN, FL 32541

KAY YARBROUGH
300 MARY ESTHER BLVD. STE 112
MARY ESTHER, FL 32569

DAN MARTIN
800 JUPITER STREET
DESTIN, FL 32541

SKIP ROYSTER
904 SKIPPER AVENUE
FT. WALTON BEACH, FL 32547

MIKE LADNER
24 MARINERS LANE
MARY ESTHER, FL 32569

ROBERT C. DREYER
709 PLANET DRIVE
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