

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47302

Entity Name: HORIZONS OF OKALOOSA COUNTY, INC.**Current Principal Place of Business:**123 TRUXTON AVENUE
FORT WALTON BEACH, FL 32547**Current Mailing Address:**123 TRUXTON AVENUE
FORT WALTON BEACH, FL 32547**FEI Number:** 59-3109969**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROPER, JOHN CEO
123 TRUXTON AVENUE
FT. WALTON BEACH, FL 32547 US*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:** JOHN ROPER

01/28/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name ROPER, JOHN
Address 2052 FOREST MEADOWS CIRCLE
City-State-Zip: BIRMINGHAM AL 35242

Title CFO
Name SANDERSON, SUZANNE
Address 333 SUNSET BAY
UNIT 31B
City-State-Zip: MIRAMAR BEACH FL 32550

Title SECRETARY
Name HOLMES, JULIA B
Address 1920 KADIMA CIRCLE
City-State-Zip: FORT WALTON BEACH FL 32547

Title PRESIDENT
Name MCMORROW, TRACY
Address 103 POQUITO ROAD
City-State-Zip: SHALIMAR FL 32579

Title VP
Name TURPIN, MATT
Address 1328 MIRACLE STRIP PARKWAY
City-State-Zip: FORT WALTON BEACH FL 32548

Title DIRECTOR
Name CAMPBELL, WAYNE
Address 428 RUCKEL DRIVE
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR
Name COMER, RICHARD
Address 440 RUCKEL DRIVE
City-State-Zip: NICEVILLE FL 32578

Title TREASURER
Name MARY , TINSLEY
Address 8 BAY COVE LANE
City-State-Zip: SHALIMAR FL 32579

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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: SUZANNE SANDERSON

CFO

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOFSTAD, JOHN
Address 1250 EGLIN PARKWAY N. SUITE 102
City-State-Zip: SHALIMAR FL 32579

Title DIRECTOR
Name MALLINI, TONY
Address 200 MIRACLE STRIP PARKWAY
UNIT 503
City-State-Zip: FORT WALTON BEACH FL 32548

Title DIRECTOR
Name LYNCH, SEAN
Address 50 2ND STREET
City-State-Zip: SHALIMAR FL 32579

Title DIRECTOR
Name FLEISCHER, LES
Address 17 BAYSHORE DRIVE
City-State-Zip: SHALIMAR FL 32579

Title DIRECTOR
Name NABORS, NICOLE
Address 221 BUCK DRIVE NE
City-State-Zip: FORT WALTON BEACH FL 32548