

2018 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

07/02/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO
Name	ROPER, JOHN
Address	1381 SUNSET BEACH
City-State-Zip:	NICEVILLE FL 32578

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

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

Title	DIRECTOR
Name	HOOKS, WALTER
Address	4443 ANTIOCH ROAD
City-State-Zip:	CRESTVIEW FL 32536

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

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

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

Title	DIRECTOR
Name	GRISSOM, RON
Address	154 HOMEWOOD DRIVE
City-State-Zip:	FORT WALTON BEACH FL 32548

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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**DIRECTOR OF FINANCE**

07/02/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MALLINI, TONY
Address 1054 ROXANNA RD
City-State-Zip: FORT WALTON BEACH FL 32547

Title DIRECTOR
Name HOOTON, JEFF
Address 13 PEBBLE BEACH DRIVE
City-State-Zip: SHALIMAR FL 32579

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

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