

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90207 032 ****61.25

DOCUMENT # 708784			
1. Entity Name BRIGHTEST HORIZONS MISSION, INC.			
Principal Place of Business 10320 GLADIOLUS DRIVE P.O. BOX 08072 FT. MYERS, FL 33908-8072 US		Mailing Address P.O. BOX 08072 FT. MYERS, FL 33908-8072 US	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Country		Country	
4. EIN Number 23-7378078		Applied For No; Applicable	
5. Certificate of Status Desired ☐		65.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIELS, CAROL 13310 CORAL DRIVE FORT MYERS, FL 33908		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
8. 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. I am familiar with and accept the obligations of registered agent.			
SIGNATURE _____ Signature, hand or printed name of registered agent and the 1 applicable			
Filing Fee is \$41.35 Due by May 4, 2004		9. Section Campaign Financing True Fund Contribution ☐ \$5.00 may be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
VPD	SLAYTON, DR. WANDA 2008 TURBAN CT. FORT MYERS, FL 33908	ADLER, John 1406 S. Larkwood Square FT. Myers FL 33919	
BO	ARNOLD, RICK 603 BUNNYSIDE CT. FORT MYERS, FL 33919	Wanda Adler 1406 S. Larkwood Square FT. Myers FL 33919	
BO	ROLER, SANDRA 2080 PERIWINKLE WAY SANIBEL ISLAND, FL 33957	SHADDOCK, KATHLEEN P 2303 SE 6TH TERR. CAPE CORAL, FL 33909	
EDD	SHADDOCK, KATHLEEN P 2303 SE 6TH TERR. CAPE CORAL, FL 33909	TO	HALLBRANDT, WILLIAM 1398 EAGLE RUN SANIBEL, FL 33957
TO	HALLBRANDT, WILLIAM 1398 EAGLE RUN SANIBEL, FL 33957	TO	PARK, ALVIN 6807 TURBAN CT FT MYERS, FL 33908
TO	PARK, ALVIN 6807 TURBAN CT FT MYERS, FL 33908	TO	Findley, Bruce 40 Daniels 13310 Coral Dr. FT. Myers FL 33908
11. I, hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered office empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Book 10 or Book 11 if changed, or on an acknowledgment of address, with all other like empowered.			
SIGNATURE: _____ Signature, hand or printed name of officer or director			