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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **756195** (4)

1. Corporation Name

WIDE HORIZONS INC.



Principal Place of Business

Mailing Address

264 N. BROOKE CIR.
OAK HILL FL 32759
US

264 N. BROOKE CIR.
OAK HILL FL 32759
US

3. Date Incorporated or Qualified

02/04/1981

4. FEI Number

59-2096316

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAUDON, JAMES EDWARD
264 N. BROOKE CIR.
OAK HILL FL 32759

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE
NAME CHAUDON, JAMES E
STREET ADDRESS 264 N. BROOKE CIR.
CITY-ST-ZIP OAK HILL, FL 00000

TITLE TD ☐ DELETE
NAME BYERS, HANNAH
STREET ADDRESS NO 15 CAMELLIA CT
CITY-ST-ZIP DAYTONA BEACH, FL 00000

TITLE PD ☐ DELETE
NAME CHAUDON, JOSEPHINE O
STREET ADDRESS 264 N. BROOKE CIR.
CITY-ST-ZIP OAK HILL, FL 00000

TITLE D ☐ DELETE
NAME CHAUDON, LINDA A
STREET ADDRESS 246 E. HALIFAX AVENUE
CITY-ST-ZIP OAK HILL FL 32759

TITLE D ☐ DELETE
NAME MALPHURS, DEBBRA J
STREET ADDRESS 354 PALM AVENUE
CITY-ST-ZIP OAK HILL FL 32759

TITLE D ☐ DELETE
NAME CARLILE, CARLOS
STREET ADDRESS 534 POINSETTIA AVENUE
CITY-ST-ZIP TITUSVILLE, FL 32796

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VSTD ☒ Change ☐ Addition
1.2 NAME CHAUDON, JAMES E
1.3 STREET ADDRESS 264 N. BROOKE CIR.
1.4 CITY-ST-ZIP OAK HILL, FL. 32759

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME BYERS, HANNAH
2.3 STREET ADDRESS NO 15 CAMELLIA CT
2.4 CITY-ST-ZIP DAYTONA BEACH, FL 00000

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME CHAUDON, JOSEPHINE O
3.3 STREET ADDRESS 264 N. BROOKE CIR.
3.4 CITY-ST-ZIP OAK HILL, FL. 32759

4.1 TITLE PD ☒ Change ☐ Addition
4.2 NAME DeWEES, LINDA A
4.3 STREET ADDRESS 246 E. HALIFAX AVENUE
4.4 CITY-ST-ZIP OAK HILL, FL. 32759

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: JAMES EDWARD CHAUDON

10 FEBRUARY 1998

CR2E037 (10/97)