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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90049 031 \*\*\*\*70.00

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**DOCUMENT # 756195**

1. Corporation Name

**WIDE HORIZONS INC.**

Principal Place of Business

264 N. BROOKE CIR.  
OAK HILL FL 32759  
US

Mailing Address

264 N. BROOKE CIR.  
OAK HILL FL 32759  
US



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

02/04/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2096316

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing



**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAUDAIN, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VSTD** ☐ DELETE

NAME **CHAUDAIN, JAMES E**

STREET ADDRESS **264 N. BROOKE CIR.**

CITY-ST-ZIP **OAK HILL, FL 00000 32759**

TITLE **D** ☒ DELETE

NAME **BYERS, HANNAH**

STREET ADDRESS **NO 15 CAMELLIA CT**

CITY-ST-ZIP **DAYTONA BEACH, FL 00000**

TITLE **D** ☐ DELETE

NAME **CHAUDAIN, JOSEPHINE O**

STREET ADDRESS **264 N. BROOKE CIR.**

CITY-ST-ZIP **OAK HILL, FL 00000 32759**

TITLE **PD** ☐ DELETE

NAME **DEWEES, 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 POINSETTA AVENUE**

CITY-ST-ZIP **TITUSVILLE FL 32796**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

**JAMES E CHAUDAIN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

9043453889

Date

Daytime Phone #

CR2E037 (1/98)