2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008
Secretary of State

DOCUMENT# N03000001322

Entity Name: NEW HORIZONS OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

1183 9TH AVENUE NORTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 111833
NAPLES, FL 34108

New Mailing Address:

FEI Number: 11-3678086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NICHOLS, ELLEN
1183 9TH AVENUE NORTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P/D	( ) Delete
Name:	NICHOLS, ROBERT	
Address:	P.O.BOX 2342	
City-St-Zip:	NAPLES, FL 34106	
Title:	VP/D	( ) Delete
Name:	NICHOLS, ELLEN	
Address:	P.O. BOX 2342	
City-St-Zip:	NAPLES, FL 34106	
Title:	D	( ) Delete
Name:	AMES, DAVID	
Address:	850-G MEADOWLAND DR	
City-St-Zip:	NAPLES, FL 34108	
Title:	S/D	( ) Delete
Name:	BRAY, CHRISTOPHER	
Address:	12840 BYRNWOOD WAY	
City-St-Zip:	NAPLES, FL 34105	
Title:	D	( ) Delete
Name:	RITTER, SALLY	
Address:	732 94TH AVE. N	
City-St-Zip:	NAPLES, FL 34108	
Title:	D	( ) Delete
Name:	SAUTER, TED DR.	
Address:	3188 SUNDANCE CIRCLE	
City-St-Zip:	NAPLES, FL 34109	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELLEN NICHOLS V/P 02/07/2008

Electronic Signature of Signing Officer or Director — Date