## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000001322

FILED Jun 10, 2<u>010</u> Secretary of State

Entity Name: NEW HORIZONS OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1183 9TH AVENUE NORTH

NAPLES, FL 34102 BONITA SPRINGS, FL 34134

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 111833 NAPLES, FL 34108

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NICHOLS, ELLEN NICHOLS, ELLEN 1183 9TH AVENUE NORTH 181 7TH ST

NAPLES, FL 34102 BONITA SPRINGS, FL 34134 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: ELLEN NICHOLS 06/10/2010

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

P/D

NICHOLS, ROBERT Name: Address: P.O.BOX 2342 City-St-Zip: NAPLES, FL 34106

Title:

Name: NICHOLS, ELLEN Address: P.O. BOX 2342 City-St-Zip: NAPLES, FL 34106

Title:

AMES, DAVID Name:

850-G MEADOWLAND DR Address: City-St-Zip: NAPLES, FL 34108

Title:

Title:

Name: BRAY, CHRISTOPHER 12840 BYRNWOOD WAY Address: City-St-Zip: NAPLES, FL 34105

VP/D

HALEY, DEBRA Name: 22201 RED LAUREL LN. Address: City-St-Zip: ESTERO, FL 33928

Title:

SAUTER, TED DR. Name: Address: 3188 SUNDANCE CIRCLE NAPLES, FL 34109 City-St-Zip:

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: ELLEN NICHOLS DIR 06/10/2010