

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001322

FILED
Mar 23, 2012
Secretary of State

Entity Name: NEW HORIZONS OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

26645 VAGABOND WAY
BONITA SPRINGS, FL 34135 US

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 ()

Name and Address of Current Registered Agent:

NICHOLS, ELLEN
181 7TH ST
BONITA SPRINGS, FL 34134 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
Name: NICHOLS, ROBERT V CAPT.
Address: P.O.BOX 2342
City-St-Zip: NAPLES, FL 34106 US

Title: D
Name: NICHOLS, ELLEN Q
Address: 181 7TH ST.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D
Name: AMES, DAVID
Address: 850-G MEADOWLAND DR
City-St-Zip: NAPLES, FL 34108

Title: D
Name: WISMAR, JAMES DR.
Address: 26231 MIRA WAY
City-St-Zip: BONITA SPRINGS, FL 34134

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

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

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

D

03/23/2012

Electronic Signature of Signing Officer or Director

Date