

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000002848

1. Entity Name
HORIZONS UNLIMITED CHRISTIAN ACADEMY, INC.



Principal Place of Business
1680 18TH ST
SARASOTA, FL 34234

Mailing Address
1680 18TH ST
SARASOTA, FL 34234



01112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1879521

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, PATRICK A
1680 18TH ST
SARASOTA, FL 34234

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
MILLER, PATRICK A REV
STREET ADDRESS
1320 16TH ST
CITY-ST-ZIP
SARASOTA, FL 34236

TITLE
NAME
D
BRADSHAW, HAROLD
STREET ADDRESS
7611 BROOMSEDGE CT
CITY-ST-ZIP
BRADENTON, FL 34202

TITLE
NAME
D
BROWN, JAMES
STREET ADDRESS
2439 WALKER CIRCLE
CITY-ST-ZIP
SARASOTA, FL 34234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/2008

Date

Daytime Phone #

941 957-0409