## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCL	<b>JMEN</b>	JT#	N03	3000	0028	48

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)

4. FEI Number 14-1879521 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

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



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.

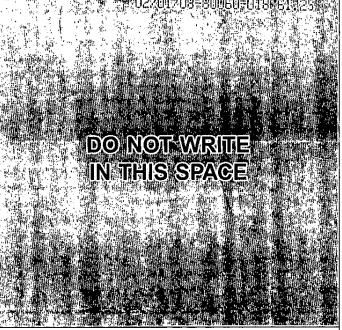
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$61.25 Due by May 1, 2008 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE NAME MILLER, PATRICK A REV STREET ADDRESS 1320 16TH ST SARASOTA, FL 34236 CITY-ST-ZIP TITLE NAME BRADSHAW, HAROLD STREET ADDRESS 7611 BROOMSEDGE CT CITY-ST-ZIP BRADENTON, FL 34202 TITLE NAME BROWN, JAMES STREET ADDRESS 2439 WALKER CIRCLE CITY-SI-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



12. I hereby certify that the information supplied with this:filing does not qualify of the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental reports true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the recovery 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/2008

Daytime Phone #