2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N07000000199

Entity Name: BRI'S ENDLESS HORIZONS, INC.

Current Principal Place of Business:

1684 WATER'S EDGE DR
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

1684 WATER'S EDGE DR
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 20-5986107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCELYEA, JILL R
1684 WATER'S EDGE DR
ORANGE PARK, FL 32003 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	( ) Delete
Name:	MCELYEA, JILL R	
Address:	1684 WATER'S EDGE DR	
City-St-Zip:	ORANGE PARK, FL 32003	
Title:	S	( ) Delete
Name:	MCELYEA, BRIAN	
Address:	1684 WATER'S EDGE DR	
City-St-Zip:	ORANGE PARK, FL 32003	
Title:	D	( ) Delete
Name:	ZEISEL, RICH	
Address:	2175 HARBOR LAKE DR	
City-St-Zip:	ORANGE PARK, FL 32003	
Title:	D	( ) Delete
Name:	ZEISEL, SHELLY	
Address:	2175 HARBOR LAKE DR	
City-St-Zip:	ORANGE PARK, FL 32003	
Title:	D	( ) Delete
Name:	BOROM, ROD	
Address:	1700 WATER'S EDGE DR.	
City-St-Zip:	ORANGE PARK, FL 32003	
Title:	D	( ) Delete
Name:	HAMILTON, ILLISA	
Address:	8158 CUMBERLAND GAP TRAIL	
City-St-Zip:	JACKSONVILLE, FL 32244	

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:	D	(X) Change ( ) Addition
Name:	LASTRAPES, KEITH	
Address:	12156 LAKE FERN RDR.	
City-St-Zip:	JACKSONVILLE, FL 32258	

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: JILL R. MCELYEA P 01/16/2009
Electronic Signature of Signing Officer or Director — Date