2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000008764

Entity Name: HORIZON FAMILY SERVICES, INC.

Current Principal Place of Business:

116 CROOKED PINE DRIVE
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

116 CROOKED PINE DRIVE
SANFORD, FL 32773

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERA, VERONICA
116 CROOKED PINE DRIVE
SANFORD, FL 32773 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: RIVERA, VERONICA
Address: 116 CROOKED PINE DRIVE
City-St-Zip: SANFORD, FL 32773

Title: V ( ) Delete
Name: JOHNSON, ROBERT A
Address: 116 CROOKED PINE DRIVE
City-St-Zip: SANFORD, FL 32773

Title: S ( ) Delete
Name: MARSHALL, VANESSA
Address: 116 CROOKED PINE DRIVE
City-St-Zip: SANFORD, FL 32773

Title: T ( ) Delete
Name: COWAN, RONALD L II
Address: 116 CROOKED PINE DRIVE
City-St-Zip: SANFORD, FL 32773

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:

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: VERONICA RIVERA P 04/30/2009

Electronic Signature of Signing Officer or Director — Date