

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009209

FILED  
Feb 03, 2012  
Secretary of State

**Entity Name:** HORIZONS BENEFIT GROUP, INC.

**Current Principal Place of Business:**

5531 110TH AVE N  
SUITE O-102  
PINELLAS PARK, FL 33782 US

**New Principal Place of Business:**

**Current Mailing Address:**

5509 110TH AVE NORTH  
SUITE D-103  
PINELLAS PARK, FL 33782

**New Mailing Address:**

**FEI Number:** 45-3457728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVANS, DAVID P  
245 MINEOLA DRIVE EAST  
BELLEAIR BLUFFS, FL 33770 US

**Name and Address of New Registered Agent:**

EVANS, DAVID P  
4520 OVERLOOK DRIVE NE  
#131  
ST PETERSBURG, FL 33703 US

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:

02/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: EVANS, DAVID P  
Address: 4520 OVERLOOK DR NE, #131  
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: VP  
Name: HICKS, LAURA K  
Address: 1806 MEADOW LANE  
City-St-Zip: CLEARWATER, FL 33764 US

Title: VP  
Name: BYARS, JULIE L  
Address: 2934 WEBLEY DRIVE  
City-St-Zip: LARGO, FL 33771 US

Title: VP  
Name: STARKE, CHRIS J  
Address: 5509 110TH AVE NORTH # D-103  
City-St-Zip: PINELLAS PARK, FL 33782

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: DAVID EVANS

PRES

02/03/2012

Electronic Signature of Signing Officer or Director

Date