2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2009
Secretary of State

DOCUMENT# N34358

Entity Name: HORIZON SOUTH RECREATIONAL FACILITIES CORPORATION

Current Principal Place of Business:

17462 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

17462 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 59-3039929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SLOAN, TIMOTHY J ATTORNE
427 MCKENZIE AVENUE
PANAMA CITY BEACH, FL 32401 US

Name and Address of New Registered Agent:

BONNEY, GARTH D ESQ
436 MCKENZIE AVENUE
PANAMA CITY, FL 32401 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: GARTH D BONNEY 05/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PIERSON, FRED
Address: 1150 CRIPPLE CREEK DRIVE
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: VPD ( ) Delete
Name: HUCKABY, BETTY
Address: 635 CONGER ROAD
City-St-Zip: ANNISTON, AL 36207

Title: PD ( ) Delete
Name: TRAWICK, HERSHEL
Address: 599 INMAN ROAD
City-St-Zip: HAMPTON, GA 30228

Title: TD ( ) Delete
Name: DEAN, ANN
Address: 340 WINGFOOT ST BOX 606
City-St-Zip: ROCKMART, GA 30153

Title: SD ( ) Delete
Name: REED, VELLANEA
Address: P.O. BOX 493
City-St-Zip: MCCAYSVILLE, GA 30555

Title: D ( ) Delete
Name: PIERSON, JIMMY
Address: 351 MAIN STREET
City-St-Zip: CULLODEN, GA 31006

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: ( ) 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: HERSHEL TRAWICK PD 05/27/2009
Electronic Signature of Signing Officer or Director Date