FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46877** **(9)**

1. Corporation Name

HORIZON FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1625 HENDRY ST SUITE 301 FT MYERS FL 33901	1625 HENDRY ST SUITE 301 FT MYERS FL 33901

3. Date Incorporated or Qualified: **01/16/1992**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0317286** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HART, THOMAS B.
1625 HENDRY ST
SUITE 301
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	BARTON, DAVID	12 NAME		
STREET ADDRESS	2603 NE 9TH AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33903	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	HOOLIHAN, THOMAS P., JR.	22 NAME		
STREET ADDRESS	13180 N. CLEVELAND AVENUE, #115	23 STREET ADDRESS	DELETE	
CITY-ST-ZIP	N. FORT MYERS FL 33903	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☒ Change ☐ Addition
NAME	SMITH, ROXIE	32 NAME		
STREET ADDRESS	P.O. BOX 6109, N/A	33 STREET ADDRESS	21521 Madera Road	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	34 CITY-ST-ZIP	Fort Myers Beach, FL 33931	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	ACKERT, RICHARD	42 NAME		
STREET ADDRESS	1530 HEITMAN STREET	43 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33901	44 CITY-ST-ZIP		
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	Wilbur Smith, Jr.	
STREET ADDRESS		53 STREET ADDRESS	1651 Fowler Street	
CITY-ST-ZIP		54 CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	Beth Tuttle	
STREET ADDRESS		63 STREET ADDRESS	2406 SE 15th Terrace	
CITY-ST-ZIP		64 CITY-ST-ZIP	Cape Coral, FL 33904	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [redacted] CHAIRMAN 4/26/95 813 772 9889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000721