

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90113 046 ****61.25

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DOCUMENT # N46877

1. Corporation Name

HORIZON FOUNDATION OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

2180 WEST 1ST STREET
STE 306
FT MYERS FL 33901
US

Mailing Address

1625 HENDRY ST
SUITE 301
FT MYERS FL 33901



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/16/1992

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

9. Name and Address of Current Registered Agent

SNELL, MARY VLASAK
1833 HENDRY STREET
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **AD Director**
D'ALESSANDRO, FRANK
STREET ADDRESS 8801 COLLEGE PARKWAY, #1
CITY-ST-ZIP FT MYERS FL 33919

TITLE ☐ DELETE

NAME **TD**
INGE, RON
STREET ADDRESS 14860 SIX MILE CYPRESS PKWY
CITY-ST-ZIP FT MYERS FL 33912

TITLE ☐ DELETE

NAME **SD**
JACOBI, FRITZ
STREET ADDRESS 2442 DR MARTIN LUGHER KING BLVD
CITY-ST-ZIP FT MYERS FL 33901

TITLE ☐ DELETE

NAME **D**
DORAGH, CYNDI
STREET ADDRESS 2017 MCGREGOR BLVD
CITY-ST-ZIP FT MYERS FL 33901

TITLE ☐ DELETE

NAME **D President**
KOSZULINSKI, GEORG
STREET ADDRESS 5213 S W 8TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ DELETE

NAME **D**
SHIMP, STEVE
STREET ADDRESS 11941 FAIRWAY LAKES DRIVE
CITY-ST-ZIP FT MYERS FL 33913

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Georg Koszulinski 2/12/99

Date

Daytime Phone #

CR2E037 (11/98)