


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N46877	
1. Entity Name HORIZON FOUNDATION OF SOUTHWEST FLORIDA, INC.	

Principal Place of Business 2180 WEST 1ST STREET STE 306 FT MYERS, FL 33901 US	Mailing Address 2180 WEST 1ST ST SUITE 306 FT MYERS, FL 33901
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2. Principal Place of Business 12800 University Dr Suite, Apt. #, etc. Suite 300 City & State Fort Myers, FL Zip 33907 Country US	3. Mailing Address 12800 University Dr. Suite, Apt. #, etc. Suite 300 City & State Fort Myers, FL Zip 33907 Country US
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09302004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0317286	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SNELL, MARY VLASAK 1833 HENDRY STREET FT MYERS, FL 33901

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIMP, STEVE 11941 FAIRWAY LAKES DRIVE FORT MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bruce Gora <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 43 Barkley Circle Suite 202 Fort Myers, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROYAL, STEVE 2727 WINKLER WAY FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Robbie Roepstorff <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13000 S. Cleveland Ave. Fort Myers, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NULMAN, JIM P.O. BOX 280 FORT MYERS, FL 33902 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Carol Hudler <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2442 Dr. Martin Luther King Fort Myers, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROEPSTORFF, ROBBIE 13000 S CLEVELAND AVE. FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500041571735 10/04/04--01045--002 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	BRUCE T. GORA	9/30/04	239-275-0225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #