2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46877

FILED Mar 31, 2009 Secretary of State

Entity Name: HORIZON FOUNDATION OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

12800 UNIVERSITY DR SUITE 300

FORT MYERS, FL 33907 US

Current Mailing Address: New Mailing Address:

12800 UNIVERSITY DR SUITE 300

FORT MYERS, FL 33907 US

FEI Number: 65-0317286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SNELL, MARY VLASAK 1833 HENDRY STREET FT MYERS, FL 33901 US

OFFICERS AND DIRECTORS:

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:

Electronic Signature of Registered Agent Date

Electronic Olgitature of Registered

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: ROEPSTORFF, ROBBIE Name: HUDLER, CAROL
Address: 13000 S. CLEVELAND AVE Address: 2442 DR. MARTIN LUTHER KING
Other St. Zin: FORT MYERS EL 22007

City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33901

Title: VD () Delete Title: VD (X) Change () Addition

Name:WIEST, JOHNName:SCHROEDER, BILLAddress:636 DELPRADO BLVD.Address:13099 SOUTH CLEVELAND AVE STE 208

City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: FORT MYERS, FL 33907

Title: TD () Delete Title: TD (X) Change () Addition Name: TRIPPE, GARY V Name: KIRKWOOD, WAYNE

 Address:
 13515 BELL TOWER DR.
 Address:
 1018 S.E. 12TH CT

 City-St-Zip:
 FORT MYERS, FL 33906
 City-St-Zip:
 CAPE CORAL, FL 33915

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name:SCHROEDER, BILLName:GREEN, KATHERINEAddress:13099 SOUTH CLEVELAND AVE STE 208Address:9990 COCONUT RD., #200City-St-Zip:FORT MYERS, FL 33907City-St-Zip:BONITA SPRINGS, FL 34135

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: CAROL HUDLER PD 03/31/2009