

5-9-97 B-6868 - C  
FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47302** (7)

1. Corporation Name

**HORIZONS OF OKALOOSA COUNTY, INC.**

Principal Place of Business

Mailing Address

**121 & 123 TRUXTON  
FT WALTON BEACH FL 32547**

**P.O. BOX 2350  
FT. WALTON BEACH FL 32549-2350**



3. Date Incorporated or Qualified **02/11/1992** 3a. Date of Last Report **08/21/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3109969</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLYNN, MELISSA D  
123 TRUXTON AVENUE  
FT. WALTON BEACH FL 32547**

81. Name	<b>JONES, MELISSA D.</b>
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>
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 Melissa D Jones **MELISSA D. JONES** **CFO** **APRIL 15, 1997**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P ESTES, S.RICHARD 649 NE POWELL DRIVE FT. WALTON BEACH FL 32547</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VP PRITCHARD, KATHLEEN A 512 OSCEOLE DRIVE DESTIN FL 32541</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T BATTAGLIA, ED 2800 ARNOLD PALMER COURT SHALIMAR FL 32579</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S MARSHALL, JANIE 711-C DALE PLACE FT. WALTON BEACH FL 32547</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <b>S HOLT, ELLEN 1158 MUIRFIELD WAY NICEVILLE, FL 32578</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D BARLEY, JOE 6271 GARDEN CITY RD. CREESTVIEW FL 32536</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D ALLISON, DON 609 LAUREL DRIVE FT. WALTON BEACH FL 32548</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

CR2E037 (9/96)

904-862-

**HORIZONS OF  
OKALOOSA COUNTY  
BOARD OF DIRECTORS  
OFFICERS AND DIRECTORS**

Director  
James Angelo  
94 Ready Avenue NW, #E-8  
Ft. Walton Beach, FL 32548

Director  
Donna Caron  
612 Colonial Drive, #6  
Ft. Walton Beach, FL 32547

Director  
Robert Dreyer  
709 Planet Drive  
Destin, FL 32541

Director  
Ellen Holt                      ----- Now Secretary -- See Front Sheet  
1158 Muirfield Way  
Niceville, FL 32578

Director  
Ray McAllister  
140 Country Club Road  
Shalimar, FL 32579

Director  
Eddie Phillips  
P. O. Box 1046  
Shalimar, FL 32579

Director  
Jan Pooley  
2805 Jerry Pate Court  
Shalimar, FL 32579

Director  
Max Tidmore  
904 Norma Court  
Mary Esther, FL 32569