

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 19, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N47302**

1. Entity Name

HORIZONS OF OKALOOSA COUNTY, INC.

Principal Place of Business

121 &amp; 123 TRUXTON

Mailing Address

P.O. BOX 2350

FT WALTON BEACH  
32547

FL

FT. WALTON BEACH  
32549

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3109969**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**JONES MELISSA D  
123 TRUXTON AVENUEFT. WALTON BEACH  
32547

US

FL

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

**04/19/2001**

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	ALLISON DON	
STREET ADDRESS	809 LAUREL DRIVE	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARLEY JOE	
STREET ADDRESS	6271 GARDEN CITY RD.	
CITY-ST-ZIP	CREESTVIEW FL 32536	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOLT ELLEN	
STREET ADDRESS	1158 MUIRFIELD WAY	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	POOLEY JAN	
STREET ADDRESS	2805 JERRY PATE CT	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PRITCHARD KATHLEEN A	
STREET ADDRESS	512 OSCEOLE DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCALLISTER RAY	
STREET ADDRESS	140 COUNTRY CLUB ROAD	
CITY-ST-ZIP	SHALIMAR FL 32579	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN KING	
STREET ADDRESS	610 NORTH EGLIN PARKWAY	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK JIM	
STREET ADDRESS	5 IPSWICH CIRCLE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: JIM COOK**

VP

04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)