

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47302

FILED
May 04, 2009
Secretary of State

Entity Name: HORIZONS OF OKALOOSA COUNTY, INC.

Current Principal Place of Business:

123 TRUXTON AVENUE
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

123 TRUXTON AVENUE
FT. WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 59-3109969 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MILLER, DAVID O CEO
123 TRUXTON AVENUE
FT. WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

MCNABB, JULIA J CEO
123 TRUXTON AVENUE
FT. WALTON BEACH, FL 32547 US

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: JULIA J MCNABB

05/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KLEINHELMER, BILL
Address: 317 NW JONQUIL AVENUE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: PRES () Delete
Name: MALLINI, TONY
Address: 1054 ROXANNA ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: CFO () Delete
Name: EVANS, JANET
Address: 208 VICKI LEIGH ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: T () Delete
Name: PRICHARD, KATHLEEN
Address: 249 WAKISSA COVE
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: DREYER, ROBERT
Address: 709 PLANET DRIVE
City-St-Zip: DESTIN, FL 32541

Title: VP () Delete
Name: HOLMES, JULIA
Address: 924 MARNAN DRIVE, NE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MCNABB, JULIA
Address: 506 MOONEY ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: RUSS, ROBERT
Address: 62 MORNING SUN COURT
City-St-Zip: SANTA ROSA BEACH, FL 32569

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: JANET EVANS

CFO

05/04/2009

Electronic Signature of Signing Officer or Director

Date