

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48136

FILED  
May 04, 2009  
Secretary of State

**Entity Name:** HORIZONS FOUNDATION OF OKALOOSA COUNTY, INC.

**Current Principal Place of Business:**

123 TRUXTON AVE  
FT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

123 TRUXTON AVE  
FT WALTON BEACH, FL 32547 US

**New Mailing Address:**

**FEI Number:** 59-3118557 **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:**

MALLINI, GROVER A  
1054 ROXANNA RD  
FT WALTON BEACH, FL 32547 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOMES, JULIA  
Address: P.O. BOX 1221  
City-St-Zip: FT. WALTON BEACH, FL 32549

Title: T ( ) Delete  
Name: SIMS, SANDY  
Address: 4018 BOND CIR  
City-St-Zip: NICEVILLE, FL 32578

Title: S ( ) Delete  
Name: MALLINI, GROVER  
Address: 1054 ROXANNA RD  
City-St-Zip: FT. WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ADEN, CLINT  
Address: 1779 FRONT BEACH ROAD  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D (X) Change ( ) Addition  
Name: SIMS, SANDY  
Address: 4018 BOND CIR  
City-St-Zip: NICEVILLE, FL 32578

Title: T (X) Change ( ) Addition  
Name: MALLINI, GROVER  
Address: 1054 ROXANNA RD  
City-St-Zip: FT. WALTON BEACH, FL 32547

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: GROVER A MALLINI

T

05/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date