

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90032 014 ****61.25

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DOCUMENT # N96000004819 1. Entity Name EDUCATIONAL HORIZONS, INC.					
Principal Place of Business 1240 BANANA RIVER DRIVE INDIAN HARBOR BEACH, FL 32937 US			Mailing Address PO BOX 360267 MELBOURNE, FL 32936-0267 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02082005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3405435				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMAS, CYNTHIA D 1240 BANANA RIVER DRIVE INDIAN HARBOR BEACH, FL 32937			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, CYNTHIA D		NAME		
STREET ADDRESS	3219 S. ATLANTIC AVENUE		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	S		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIMSTEAD, AMANDA		NAME		
STREET ADDRESS	1743 MISSION BAY CIR., APT 204		STREET ADDRESS		
CITY-ST-ZIP	VIERRA, FL 32955		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, ALBERT M		NAME		
STREET ADDRESS	3219 S. ATLANTIC AVENUE		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, BILLY SR		NAME		
STREET ADDRESS	1815 AVACADO AVE APT B		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 329357633		CITY-ST-ZIP		
TITLE	D		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, DENISE		NAME		
STREET ADDRESS	304 LINCOLN AVENUE		STREET ADDRESS	2550 Warren Street	
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP	West Melbourne, FL 32904	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(i), 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: <i>Denise Johnson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/10/05 Date Daytime Phone #		