

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000138

**Entity Name:** NEW HORIZONS OF PORT CHARLOTTE, INC.

**Current Principal Place of Business:**

500 SABLE ST  
PORT CHARLOTTE, FL 33954

**Current Mailing Address:**

PO BOX 380443  
PORT CHARLOTTE, FL 33948 US

**FEI Number: 80-0005368**

**Certificate of Status Desired: No**

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

MILLER III, ROGER H  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER, SECRETARY,  
                  DIRECTOR  
Name           DUNBAR, JANET  
Address        P.O. BOX 380443  
City-State-Zip: MURDOCK FL 33938

Title           DIRECTOR, PRESIDENT  
Name           DE ARK, KEITH  
Address        PO BOX 380443  
City-State-Zip: MURDOCK FL 33938

Title           DIRECTOR, VP  
Name           SCHMELZER, MIKE  
Address        PO BOX 380443  
City-State-Zip: PORT CHARLOTTE FL 33948

Title           DIRECTOR  
Name           DERRINGER, RICHARD "YANCY"  
Address        PO BOX 380443  
City-State-Zip: PORT CHARLOTTE FL 33948

Title           DIRECTOR  
Name           RUDD, CAROL  
Address        PO BOX 380443  
City-State-Zip: PORT CHARLOTTE FL 33948

*I hereby 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 all other like empowered.*

**SIGNATURE: KEITH DEARK**

**PRESIDENT**

**04/21/2021**

Electronic Signature of Signing Officer/Director Detail

Date