

2019 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
Name DUNBAR, JANET
Address P.O. BOX 380443
City-State-Zip: MURDOCK FL 33938

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

Title DIRECTOR, SECRETARY
Name GRAVELIN, JANESY
Address P.O. BOX 380443
City-State-Zip: PORT CHARLOTTE FL 33948

Title PRESIDENT, DIRECTOR
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: MIKE SCHMELZER

PRESIDENT

04/26/2019

Electronic Signature of Signing Officer/Director Detail

Date