2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2015
Secretary of State
CC0773229067

DOCUMENT# N03000001322

Entity Name: NEW HORIZONS OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

26645 VAGABOND WAY
BONITA SPRINGS, FL 34135

Current Mailing Address:

P.O. BOX 111833
NAPLES, FL 34108

FEI Number: 11-3678086

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NICHOLS, ELLEN
181 7TH ST
BONITA SPRINGS, FL 34134 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	DIRECTOR
Name	NICHOLS, ROBERT VCAPT.
Address	181 7TH ST.
City-State-Zip:	BONITA SPRINGS FL 34134

Title	DIRECTOR
Name	AMES, DAVID
Address	1120 10TH AVE. NORTH
City-State-Zip:	NAPLES FL 34102

Title	EXECUTIVE DIRECTOR
Name	HALEY, DEBRA
Address	22201 RED LAUREL LN.
City-State-Zip:	ESTERO FL 33928

Title	CHAIRMAN OF THE BOARD
Name	SHELLENBARGER, DAVID
Address	4801 BONITA BAY BLVD. PH 202
City-State-Zip:	BONITA SPRINGS FL 34134

Title	DIRECTOR
Name	NICHOLS, ELLEN Q
Address	181 7TH ST.
City-State-Zip:	BONITA SPRINGS FL 34134

Title	DIRECTOR
Name	WISMAR, JAMES DR.
Address	26231 MIRA WAY
City-State-Zip:	BONITA SPRINGS FL 34134

Title	DIRECTOR
Name	JAZWA, JOHN
Address	26342 MAHOGANY POINT CT.
City-State-Zip:	BONITA SPRINGS FL 34134

Title	DIRECTOR
Name	LANCASTER, ROBERT
Address	7719 AHOY AVE.
City-State-Zip:	NAPLES FL 34109

Continues on page 2

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: DEBRA HALEY — EXECUTIVE DIRECTOR — 01/23/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MCCANN, WEST
Address	26790 SOUTH TAMIAMI
City-State-Zip:	BONITA SPRINGS FL 34134

Title	DIRECTOR
Name	ARREDONDO, GUS
Address	12321 NOTTING HILL LANE, #10
City-State-Zip:	BONITA SPRINGS FL 34135

Title	TREASURER, DIRECTOR
Name	LABELLE, STEVE
Address	8751 ESTERO BLVD., #802
City-State-Zip:	FORT MYERS BEACH FL 33931