

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90046 031 ****61.25

DOCUMENT # N03000009040

1. Entity Name

HORIZON POINT CHURCH, INC.



Principal Place of Business

2555 N. COURTENAY PKWY
SUITE 30
MERRITT ISLAND FL 32953
US

Mailing Address

2555 N. COURTENAY PKWY
SUITE 30
MERRITT ISLAND FL 32953
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 560544

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rockledge FL

Zip

Country

32956

USA

4. FEI Number

20-0310039

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, RICHARD
2555 N. COURTENAY PKWY
SUITE 30
MERRITT ISLAND FL 32953

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 | DIR | <input type="checkbox"/> Delete |
| NAME | STEVENSON, RANDY | |
| STREET ADDRESS | 820 HONEYSUCKLE DRIVE | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | |
| TITLE | DIR | <input type="checkbox"/> Delete |
| NAME | CHAFFIN, ARTHUR | |
| STREET ADDRESS | 1890 BARRINGTON CIRCLE | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | |
| TITLE | DIR | <input type="checkbox"/> Delete |
| NAME | MCDANIEL, LEON | |
| STREET ADDRESS | 1250 ISLAND DRIVE | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32952 | |
| TITLE | DIR | <input type="checkbox"/> Delete |
| NAME | FREEMAN, TRACY | |
| STREET ADDRESS | 335 DUET AVE. | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32952 | |
| TITLE | DIR | <input type="checkbox"/> Delete |
| NAME | MCGUIRE, KEVIN | |
| STREET ADDRESS | 1405 FLOYD DRIVE | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | |
| TITLE | DIR | <input type="checkbox"/> Delete |
| NAME | MAGILL, ANTHONY | |
| STREET ADDRESS | 4460 HORSESHOE BEND | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32953 | |

| | | |
|----------------|--------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | James Barfield | |
| STREET ADDRESS | 435 Sims Way | |
| CITY-ST-ZIP | Merritt Island, FL 32952 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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: *Kevin McGuire* **Dir./Sec.** **3-1-04** **321-632-6100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #