2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011640

Title:

Name:

Address:

City-St-Zip:

SD

WILLIAMS, BRIAN

11509 MISTY ISLE LANE

RIVERVIEW, FL 33569

() Delete

FILED Mar 13, 2007 Secretary of State

Entity Na	me: HORIZON	I CHRISTIAN CHURCH, INC				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	AINT CLOUD A FL 33594	VE.				
Current Mailing Address:			New Maili	New Mailing Address:		
	AINT CLOUD A FL 33594	VE.				
FEI Number: 20-3820726 FEI Numb		FEI Number Applied For ()	FEI Number Not App	Number Not Applicable () Certificate of Status Desired ()		
Name and	d Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1720 S. SA	OSEPH SCOTT AINT CLOUD A FL 33594 U					
The above in the State	e named entity s e of Florida.	submits this statement for the	purpose of changing	its registere	d office or registered agent, or both,	
SIGNATU	RE:					
Electronic Signature of Registered Agent			jent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () STEVENS, FRA 502 SHAMROC BRANDON, FL	K ROAD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () SHARP, BOB 131 NEW LEGA SEFFNER, FL		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () ALLEN, JAMES 2908 CLUBHOU PLANT CITY, FI		Title: Name: Address: City-St-Zip:		(X) Change()Addition BRIAN IY ISLE LANE I, FL 33569	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SD

CHAMBERLAIN, DAVID

VALRICO, FL 33594

2618 VALENCIA GROVE DRIVE

(X) Change () Addition

SIGNATURE: BARRY CARROLL ADM 03/13/2007