


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90015 029 ****61.25

0050404

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N05807					
1. Corporation Name HORIZON EVANGELICAL FRIENDS CHURCH, INC.					
Principal Place of Business 13500 FRESHMAN LANE FT MYERS FL 33912			Mailing Address 13500 FRESHMAN LANE FT MYERS FL 33912		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/23/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2379179	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MORAN, JEFFERSON P. 13500 FRESHMAN LANE FT MYERS FL 33912				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Jefferson P. Moran Jefferson P. Moran 1/13/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASON, WILLIAM A			1.2 NAME			
STREET ADDRESS	7753 WOODLAND BEND CIR			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL 33912			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUNKEL, FREDERICK W			2.2 NAME			
STREET ADDRESS	6604 DANIEL COURT			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL 33908			2.4 CITY-ST-ZIP			
TITLE	DT	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HIRST, BONICE			3.2 NAME	Miles, Sue		
STREET ADDRESS	82 GERONAMO			3.3 STREET ADDRESS	5804 SW 1st Place		
CITY-ST-ZIP	N. FT MYERS FL 33917			3.4 CITY-ST-ZIP	Cape Coral, FL. 33914		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, RALPH			4.2 NAME			
STREET ADDRESS	1409 SE 36TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33904			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILES, TIM			5.2 NAME			
STREET ADDRESS	5804 SW 1ST PLACE			5.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33914			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William A. Cason 1/13/99 (941) 936-5627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)