

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 19, 2001 08:00 AM****Secretary of State****DOCUMENT # N05807**1. Entity 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 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**59-2379179**Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MORAN, JEFFERSON P.  
13500 FRESHMAN LANE

FT MYERS FL 33912 US

**7. Name and Address of New Registered Agent**

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.

SIGNATURE **05/19/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS**

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | MILES TIM              |                                 |
| STREET ADDRESS | 5804 SW 1ST PLACE      |                                 |
| CITY-ST-ZIP    | CAPE CORAL FL 33914    |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | SMITH, RALPH           |                                 |
| STREET ADDRESS | 1409 SE 36TH STREET    |                                 |
| CITY-ST-ZIP    | CAPE CORAL FL 33904    |                                 |
| TITLE          | DT                     | <input type="checkbox"/> Delete |
| NAME           | MILES SUE              |                                 |
| STREET ADDRESS | 5804 SW 1ST PLACE      |                                 |
| CITY-ST-ZIP    | CAPE CORAL FL 33917    |                                 |
| TITLE          | PD                     | <input type="checkbox"/> Delete |
| NAME           | KUNKEL, FREDERICK W    |                                 |
| STREET ADDRESS | 6604 DANIEL COURT      |                                 |
| CITY-ST-ZIP    | FT MYERS FL 33908      |                                 |
| TITLE          | VD                     | <input type="checkbox"/> Delete |
| NAME           | CASON WILLIAM A        |                                 |
| STREET ADDRESS | 7753 WOODLAND BEND CIR |                                 |
| CITY-ST-ZIP    | FT MYERS FL 33912      |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |   |
|----------------|---|
| 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    |   |
| 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)(f), 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:** William A. Cason VD 05/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)