2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N05807

Jan 16, 2002 8:00 AM Secretary of State

FILED

Entity Name: HORIZON EVANGELICAL FRIENDS CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 13500 FRESHMAN LANE FT MYERS, FL 33912 **Current Mailing Address: New Mailing Address:** 13500 FRESHMAN LANE FT MYERS, FL 33912 FEI Number: 59-2379179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORAN, JEFFERSON P MORAN, JEFFERSON P 13500 FRESHMAN LANE 13500 FRESHMAN LANE FT MYERS, FL 33912 FT MYERS, FL 33912 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: JEFFERSON P. MORAN 01/16/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CASON, WILLIAM A Name: Name: 7753 WOODLAND BEND CIR Address: Address: City-St-Zip: FT MYERS, FL 33912 City-St-Zip: Title: PD () Delete Title: (X) Change () Addition Name: KUNKEL, FREDERICK W, Name: KUNKEL, FREDERICK W Address: 6604 DANIEL COURT Address: 6604 DANIEL COURT City-St-Zip: FT MYERS, FL 33908 City-St-Zip: FT MYERS, FL 33908 Title: DT () Delete Title: () Change () Addition MILES, SUE Name: Name: 5804 SW 1ST PLACE Address: Address: City-St-Zip: CAPE CORAL, FL 33917 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: SMITH, RALPH, Name: SMITH, RALPH 1409 SE 36TH STREET 15031 BRIDGEWAY LANE #1103 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: FORT MYERS, FL 33919 Title: () Delete Title: () Change () Addition MILES, TIM Name: Name: 5804 SW 1ST PLACE Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: WILLIAM A. CASON VD 01/16/2002