

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90155 042 ****70.00

DOCUMENT # N47537

1. Entity Name

HORIZON COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

1517 SE CROWN ST.
 PORT ST. LUCIE FL 34983

3325 S.W. HILL ST.
 PORT ST. LUCIE FL 34953-3504
 US

2. Principal Place of Business

3. Mailing Address

7177 S. U.S. 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Port St. Lucie, Fl.

City & State

City & State

Zip

Country

Zip

Country

34983

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0310710

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

DIDWAY, TONY
 3325 S.W. HILL ST
 PORT ST. LUCIE FL 34953

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

Tony Didway

Tony Didway (principal place of business change)

1/25/2000

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD Delete
 NAME DIDWAY, TONY
 STREET ADDRESS 3325 S.W. HILL ST.
 CITY-ST-ZIP PORT ST. LUCIE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 34953

TITLE SD Delete
 NAME DIDWAY, ANGELA J
 STREET ADDRESS 1141 SW ABISCO RD.
 CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE Change Addition
 NAME -
 STREET ADDRESS - 3325 SW H: 11 ST
 CITY-ST-ZIP - Port St. Lucie, FL 34953

TITLE PD Delete
 NAME CURRAN, HUGH
 STREET ADDRESS 1517 S.E. CROWN ST.
 CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Tony Didway REQUIRED Tony Didway

1/25/2000 561-336-8638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #