

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90074 007 \*\*\*\*61.25

**DOCUMENT # N47537**

1. Entity Name

**HORIZON COMMUNITY CHURCH, INC.**

Principal Place of Business

7177 S US 1  
 PORT ST. LUCIE FL 34983

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**443 N.W. CANTERBURY CT.**

City & State

City & State

**PORT ST. LUCIE FL.**

Zip

Country

Zip

Country

**34983-3404**

**USA**

4. FEI Number

**65-0310710**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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

**DIDWAY, TONY**

Street Address (P.O. Box Number is Not Acceptable)

**443 N.W. CANTERBURY CT.**

**PORT ST. LUCIE, FL**

City

**FL**

Zip Code

**34983**

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 Senior Pastor, CD

1/10/2000

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 NAME  Delete  
**CD**  
**DIDWAY, TONY**  
 STREET ADDRESS **3325 S.W. HILL ST.**  
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE NAME  Change  Addition  
**(SAME)**  
 STREET ADDRESS **443 N.W. CANTERBURY CT.**  
 CITY-ST-ZIP **PORT ST. LUCIE, FL. 34983**

TITLE NAME  Delete  
**SD**  
**DIDWAY, ANGELA J**  
 STREET ADDRESS **3325 SW HILL ST**  
 CITY-ST-ZIP **PORT ST. LUCIE FL 34953**

TITLE NAME  Change  Addition  
**(SAME)**  
 STREET ADDRESS **443 N.W. CANTERBURY CT.**  
 CITY-ST-ZIP **PORT ST. LUCIE, FL. 34983**

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

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

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 1/10/2000 561 336 8638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)