

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90015 042 \*\*\*\*70.00

**DOCUMENT # N47537**

1. Entity Name  
**HORIZON COMMUNITY CHURCH, INC.**

Principal Place of Business  
 7177 S US 1  
 PORT ST. LUCIE FL 34983

Mailing Address  
 443 NW CANTERBURY CT  
 PORT SAINT LUCIE FL 34983  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3453 Sunrise Blvd.**  
 Suite, Apt. #, etc.  
**Fort Pierce, Fl.**  
 City & State

3. Mailing Address  
**443 N.W. Canterbury Ct.**  
 Suite, Apt. #, etc.  
**Port St. Lucie, Fl.**  
 City & State

4. FEI Number  
**65-0310710**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DIDWAY, TONY**  
**443 NW CANTERBURY COURT**  
**PORT SAINT LUCIE FL 34983**

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refusing) DATE

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          | <b>CD</b>                        | <input type="checkbox"/> Delete             |
| NAME           | <b>DIDWAY, TONY</b>              |   |
| STREET ADDRESS | <b>443 NW CANTERBURY CT</b>      |   |
| CITY-ST-ZIP    | <b>PORT SAINT LUCIE FL 34983</b> |   |
| TITLE          | <b>SD</b>                        | <input type="checkbox"/> Delete             |
| NAME           | <b>DIDWAY, ANGELA J</b>          |   |
| STREET ADDRESS | <b>443 NW CANTERBURY COURT</b>   |   |
| CITY-ST-ZIP    | <b>PORT SAINT LUCIE FL 34983</b> |   |
| TITLE          | <b>PD</b>                        | <input checked="" type="checkbox"/> Deleted |
| NAME           | <b>CURRAN, HUGH</b>              |   |
| STREET ADDRESS | <b>1517 S.E. CROWN ST.</b>       |   |
| CITY-ST-ZIP    | <b>PORT ST. LUCIE FL 34983</b>   |   |
| TITLE          |                                  | <input type="checkbox"/> Delete             |
| NAME           |                                  |   |
| STREET ADDRESS |                                  |   |
| CITY-ST-ZIP    |                                  |   |
| 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 checked="" type="checkbox"/> Addition |
| NAME           | <b>T Allen Nitchman</b>          |  |
| STREET ADDRESS | <b>1301 S.E. Oakmont Ln.</b>     |  |
| CITY-ST-ZIP    | <b>Port St. Lucie, Fl. 34952</b> |  |
| 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)(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

*Tony Didway*      *Tony Didway Sr. Pastor 561-336-8638*

CR2E037 (9/01)