
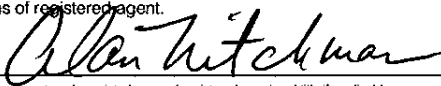



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90077 024 ****61.25

DOCUMENT # N47537			
1. Entity Name HORIZON COMMUNITY CHURCH, INC.			
Principal Place of Business 3453 SUNRISE BLVD FORT PIERCE, FL 34982 US		Mailing Address 443 N W CANTERBURY CT PORT SAINT LUCIE, FL 34983 US	
2. Principal Place of Business		3. Mailing Address 3453 Sunrise Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fort Pierce FL	
Zip		Zip 34982	
Country		Country	
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: Alan Nitchman Street Address (P.O. Box Number is Not Acceptable): 1301 SE Oakmont Ln City: Port St Lucie FL Zip Code: 34952	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE:  ALAN NITCHMAN		DATE: 04-18-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DIDWAY, TONY 443 NW CANTERBURY CT PORT SAINT LUCIE, FL 34983 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Brian Martin 674 SE Ron Rico Terr Port St. Lucie FL 34983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIDWAY, ANGELA J 443 NW CANTERBURY COURT PORT SAINT LUCIE, FL 34983 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOM VENNE 2285 SE Midtown Rd. Port St. Lucie, FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NITCHMAN, ALAN 1301 S E OAKMONT LANE PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  BRIAN MARTIN		DATE: 04-18-04	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	