

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 09, 2005  
Secretary of State**

DOCUMENT# N47537

Entity Name: HORIZON COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

3453 SUNRISE BLVD  
FORT PIERCE, FL 34982 US

**New Principal Place of Business:**

**Current Mailing Address:**

3453 SUNRISE BLVD  
FORT PIERCE, FL 34982 US

**New Mailing Address:**

FEI Number: 65-0310710      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NITCHMAN, ALAN  
1301 SE OAKMONT LN  
PORT SAINT LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD      ( ) Delete  
Name: MARTIN, BRIAN  
Address: 674 SE RON RICO TERR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: SD      (X) Delete  
Name: VENNE, TOM  
Address: 2285 SE MIDTOWN RD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T      ( ) Delete  
Name: NITCHMAN, ALAN  
Address: 1301 S E OAKMONT LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: ALAN NITCHMAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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05/09/2005

\_\_\_\_\_  
Date