


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000004068 (2)					
1. Corporation Name HORIZON MINISTRIES, INC. PHOENIX FOUNDATION, INC.					
Principal Place of Business 10271 ORANGE RIVER BLVD. FT. MYERS, FL 33905			Mailing Address 10271 ORANGE RIVER BLVD. FT. MYERS, FL 33905		
2. Principal Place of Business 21 10271 Suite, Apt. #, etc. City & State 23 FT. MYERS, FL Zip 24 33905			2a. Mailing Address 26 10271 ORANGE RIVER BLVD Suite, Apt. #, etc. City & State 28 FT. MYERS, FL Zip 29 33905		
9. Name and Address of Current Registered Agent HAMILTON, ROGER 6419 MARK LN FT. MEYERS FL 33912			10. Name and Address of New Registered Agent 81 Name Vicki Hamilton 82 Street Address (P.O. Box Number is Not Acceptable) 10271 Orange River Blvd. 83 84 City Ft. Myers FL 85 Zip Code 33905		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Vicki Hamilton Vicki Hamilton 7/29/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PTD NAME HAMILTON, ROGER STREET ADDRESS 6419 MARK LN CITY-ST-ZIP FT MYERS FL			1.1 TITLE PTD 1.2 NAME Vicki Hamilton 1.3 STREET ADDRESS 10271 Orange River Blvd 1.4 CITY-ST-ZIP Ft. Myers FL 33905		
TITLE DS NAME HAMILTON, VICKI STREET ADDRESS 6419 MARK LN CITY-ST-ZIP FT MYERS FL			2.1 TITLE DS 2.2 NAME Debra Gott 2.3 STREET ADDRESS 1634 Poinsettia 2.4 CITY-ST-ZIP Ft. Myers FL 33901		
TITLE D NAME CORONA, ANTHONY P STREET ADDRESS 313 BOBBY LN CITY-ST-ZIP MT PROSPECT IL			3.1 TITLE D 3.2 NAME Nora Lockhart 3.3 STREET ADDRESS 10271 Orange River Blvd. 3.4 CITY-ST-ZIP Ft. Myers, FL 33905		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vicki Hamilton Vicki Hamilton 8/11/98 941-693-4998

CR2E037 (10/97)