

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001694

FILED
Apr 08, 2004
Secretary of State**Entity Name:** HORIZON COMMUNITY CHURCH OF ORLANDO, INC.**Current Principal Place of Business:**2719 SOUTH MAGUIRE RD
OCOE, FL 34761**New Principal Place of Business:****Current Mailing Address:**2719 SOUTH MAGUIRE RD
OCOE, FL 34761**New Mailing Address:****FEI Number:** 59-3528501**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**B&C CORPORATE SERVICES OF CENTRAL FLA, INC
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO, FL 32801 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: D () Delete
Name: TEWSON, RON
Address: 2719 SOUTH MAGUIRE RD
City-St-Zip: OCOE, FL 34761

Title: CD () Delete
Name: MARCHETTI, GARY
Address: 2719 SOUTH MAGUIRE ROAD
City-St-Zip: OCOE, FL 34761

Title: PD () Delete
Name: ALLIGOOD, RANDALL
Address: 2719 SOUTH MAGUIRE ROAD
City-St-Zip: OCOE, FL 34761

Title: SD () Delete
Name: WARD, THOMAS
Address: 2719 SOUTH MAGUIRE ROAD
City-St-Zip: OCOE, FL 34761

Title: D () Delete
Name: HOLMGREN, SCOTT
Address: 2719 SOUTH MAGUIRE ROAD
City-St-Zip: OCOE, FL 34761

Title: TD () Delete
Name: BAKER, TIMOTHY L
Address: 2719 SOUTH MAGUIRE ROAD
City-St-Zip: OCOE, FL 34761

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:

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

Title: () Change () Addition
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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: TIMOTHY BAKER

TD

04/08/2004

Electronic Signature of Signing Officer or Director

Date