1. Entity Name

NEW HORIZONS CHRISTIAN CHURCH, INC.

Principal Place of Business 1136 E PLANT ST WINTER GARDEN FL 34787

City & State

WHITE, EUEL

1518 CHARLOTTE LANE ORLANDO FL 32804

Mailing Address

1583 E SILVER STAR RD PMB 355

OCOEE FL 34761

3. Mailing Address

Suite, Apt. #, etc.

2. Principal Place of Business 616 S. Dillard Street

DOCUMENT # 702009

Suite, Apt. #, etc.

City & State

<u>Winter Garden</u>

USA 6. Name and Address of Current Registered Agent

Country

4. FEI Number

59-1268496

5. Certificate of Status Desired

X

\$8.75 Additional

Applied For

Not Applicable

04-09-2002 90036 020 ****70.00

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

City

FI

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 reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE TITLE ☐ Delete SCHMIDT, RAY NAME NAME STREET ADDRESS 3816 SCARBOROUGH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 X Addition ☐ Change ☐ Delete TITLE TITLE WHITE, EUEL NAME NAME 1518 CHARLOTTE LANE STREET ADDRESS STREET ADDRESS Zip Code 32804 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE Change Addition ☐ Delete TITLE HEDRICK, RICK NAME NAME STREET ADDRESS STREET ADDRESS 498 EMORY OAK ST CITY-ST-ZIP OCOEE FL 34761 CITY-ST-ZIP X Change ☐ Addition ☐ Delete TITI F WALTER, PHILIP NAME NAME 1209 Castleport Road STREET ADDRESS 9277 BATON ROUGE DR. STREET ADDRESS Winter Garden, FL 34787 CITY-ST-ZIE ORLANDO FL 32818 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

EUEGE AWNITE REQUIRED

Suel C.a. 3- 27-02 407-425-33