

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47053

**Entity Name:** NEW HORIZON CHURCH, A UNITED METHODIST  
CONGREGATION, INC.**Current Principal Place of Business:**400 ORCHID DRIVE  
HAINES CITY, FL 33844**Current Mailing Address:**400 ORCHID DRIVE  
HAINES CITY, FL 33844 US**FEI Number:** 59-6141889**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEED, JULIE A  
400 ORCHID DRIVE  
HAINES CITY, FL 33844 US*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:** JULIE WEED

02/23/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CORRESPONDING SECRETARY  
Name WEED, JULIE  
Address 1701 COMMERCE AVE. LOT # 63  
City-State-Zip: HAINES CITY FL 33844

Title TRUSTEE  
Name METCALF, DEBRA  
Address P. O. BOX 3273  
City-State-Zip: DAVENPORT FL 33836

Title TRUSTEE  
Name DEAN, SR., RICKY LEROY  
Address 2020 HORSE CREEK LANE  
City-State-Zip: HAINES CITY FL 33844

Title TRC  
Name HAINES, BRUCE  
Address 423 GOLDEN LANE  
City-State-Zip: HAINES CITY FL 33844

Title TRUSTEE  
Name CSVANY, THOMAS L  
Address 204 SORRENTO ROAD  
City-State-Zip: KISSIMMEE FL 34759

Title TRUSTEE  
Name GILLETTE, SCOTT  
Address 2325 ST. GEORGE DRIVE  
City-State-Zip: DAVENPORT FL 33837

Title TRUSTEE  
Name RODRIGUEZ, TIARA  
Address 1220 BRADBURY ROAD  
City-State-Zip: HAINES CITY FL 33844

Title TRUSTEE  
Name LARSON, DARIN  
Address 1004 AQUA VISTA DRIVE  
City-State-Zip: HAINES CITY FL 33844

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** JULIE WEED**CORRESPONDING  
SECRETARY**

02/23/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                      |
|-----------------|----------------------|
| Title           | TRUSTEE              |
| Name            | PETROCELLI, STEPHEN  |
| Address         | 6103 HAVENWOOD DRIVE |
| City-State-Zip: | LAKE WALES FL 33859  |