

**2018 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****04/23/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TRC
Name	LARSON , DARIN
Address	1004 AQUA VISTA DR.
City-State-Zip:	HAINES CITY FL 33844
Title	TRUSTEE
Name	CLEMENTS, LARRY
Address	P.O. BOX 142
City-State-Zip:	DAVENPORT FL 33836
Title	TRUSTEE
Name	HUFF, WILLIAM
Address	180 SUNRIDGE WOODS CT
City-State-Zip:	DAVENPORT FL 33837
Title	TRUSTEE
Name	SHEETS, DAVID
Address	2222 ST GEORGE DR
City-State-Zip:	DAVENPORT FL 33837

Title	T
Name	BONIE, JOHN
Address	37 ASPEN DRIVE
City-State-Zip:	HAINES CITY FL 33834
Title	CORRESPONDING SECRETARY
Name	WEED, JULIE
Address	1701 COMMERCE AVE. LOT # 63
City-State-Zip:	HAINES CITY FL 33844
Title	TRUSTEE
Name	YAEGER, WANDA
Address	304 ST GEORGE DR
City-State-Zip:	DAVENPORT FL 33837
Title	TRUSTEE
Name	METCALF, DEBRA
Address	P. O. BOX 3273
City-State-Zip:	DAVENPORT FL 33836

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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 A. WEED****RECORDING SECRETARY 04/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name FOURNIER, PAUL  
Address 131 VICTORIA DRIVE  
City-State-Zip: HAINES CITY FL 33844

Title TRUSTEE  
Name HALL, MALCOLM  
Address 20 EDINBURGH DRIVE  
City-State-Zip: HAINES CITY FL 33844