

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47053

FILED
Feb 13, 2019
Secretary of State
5252663552CC

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

02/13/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TRUSTEE	Title	CORRESPONDING SECRETARY
Name	BONIE, JOHN	Name	WEED, JULIE
Address	37 ASPEN DRIVE	Address	1701 COMMERCE AVE. LOT # 63
City-State-Zip:	HAINES CITY FL 33834	City-State-Zip:	HAINES CITY FL 33844
Title	TRUSTEE	Title	TRUSTEE
Name	HUFF, WILLIAM	Name	SHEETS, DAVID
Address	180 SUNRIDGE WOODS CT	Address	2222 ST GEORGE DR
City-State-Zip:	DAVENPORT FL 33837	City-State-Zip:	DAVENPORT FL 33837
Title	TRUSTEE	Title	TRUSTEE
Name	METCALF, DEBRA	Name	FOURNIER, PAUL
Address	P. O. BOX 3273	Address	131 VICTORIA DRIVE
City-State-Zip:	DAVENPORT FL 33836	City-State-Zip:	HAINES CITY FL 33844
Title	TRUSTEE	Title	TRUSTEE
Name	MARTINEZ, SARAH	Name	PEREZ, ALEXANDER LANZO
Address	722 COHASSETT AVENUE	Address	1220 BRADBURY ROAD
City-State-Zip:	LAKE WALES FL 33853	City-State-Zip:	HAINES CITY FL 33844

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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

CORRESPONDING
SECRETARY

02/13/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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