

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

DOCUMENT# N93000003079

**Entity Name:** NEW HORIZON CHURCH, UNITED METHODIST  
CONGREGATION, CHARITABLE ENTITY, 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: 59-1573252****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** TRC  
**Name** HAINES, BRUCE  
**Address** 423 GOLDEN LANE  
**City-State-Zip:** HAINES CITY FL 33844**Title** TRUSTEE  
**Name** DEAN, SR., RICKY LEROY  
**Address** 2020 HORSE CREEK 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** HARVEY, JACQUELINE  
**Address** 221 MAGELLAN DRIVE  
**City-State-Zip:** KISSIMMEE FL 34756**Title** TRUSTEE  
**Name** RODRIGUEZ, TIARA  
**Address** 1220 BRADBURY ROAD  
**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 LARSON, DARIN  
Address 1004 AQUA VISTA DRIVE  
City-State-Zip: HAINES CITY FL 33844

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