

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003079

Entity Name: NEW HORIZON CHURCH, UNITED METHODIST
CONGREGATION, CHARITABLE ENTITY, INC.**FILED**
Jan 11, 2016
Secretary of State
CC7277601760**Current Principal Place of Business:**201 OAK AVE E
HAINES CITY, FL 33844**Current Mailing Address:**P.O. BOX 455
HAINES CITY, FL 33845 US**FEI Number: 59-1573252****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WEED, JULIE
201 OAK AVE E
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****01/11/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** TC
Name CHRISTENSON, HAROLD
Address 3060 HWY 17-92 LOT 111
City-State-Zip: HAINES CITY FL 33844**Title** T
Name BONIE, JOHN
Address 37 ASPEN DRIVE
City-State-Zip: HAINES CITY FL 33834**Title** T
Name LARSON, DARIN
Address 1004 AQUA VISTA DR.
City-State-Zip: HAINES CITY FL 33844**Title** T
Name COONS, JAMES
Address 112 E.PALMETTO STREET
City-State-Zip: DAVENPORT FL 33837**Title** CORRESPONDING SECRETARY
Name WEED, JULIE
Address 1701 COMMERCE AVE., LOT 63
City-State-Zip: HAINES CITY FL 33844**Title** T
Name HENSELER, WIL
Address 750 MYSTERY HOUSE ROAD
City-State-Zip: DAVENPORT FL 33837-9063**Title** TRUSTEE
Name CLEMENTS, LARRY
Address P.O. BOX 142
City-State-Zip: DAVENPORT FL 33836**Title** TRUSTEE
Name DENTLER, LEWIS
Address 322 CANNA LANE
City-State-Zip: DAVENPORT FL 33837**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**TREASURER****01/11/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name ANDERSON, JOYCE
Address 601 CENTER CREST BLVD.
City-State-Zip: DAVENPORT FL 33837

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

Title TRUSTEE
Name LOCKRIDGE, ORA D
Address 377 PANSY STREET
City-State-Zip: DAVENPORT FL 33837