

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # 702009

1. Entity Name
NEW HORIZONS CHRISTIAN CHURCH, INC.



Principal Place of Business
**525 W. PLANT ST. SUITE B
WINTER GARDEN, FL 34787**

Mailing Address
**525 W. PLANT ST. SUITE B
WINTER GARDEN, FL 34787**



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1268496

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, EUEL
1518 CHARLOTTE LANE
ORLANDO, FL 32804**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retesting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000638085
02/27/07-80015-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	WHITE, LAVERNE
STREET ADDRESS	839 HAMMOCKS DRIVE
CITY-ST-ZIP	OCOE, FL 34761
TITLE	PD
NAME	WHITE, EUEL
STREET ADDRESS	1518 CHARLOTTE LANE
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	SD
NAME	WALTER, PHILIP
STREET ADDRESS	1209 CASTLEPORT RD
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	VD
NAME	SCHMIDT, RAY
STREET ADDRESS	3816 SCARBOROUGH CRT
CITY-ST-ZIP	CLERMONT, FL 34711

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Euel E. White* **Euel E. White**

2-5-07

407-760-4135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #