FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712742 (6)

1. Corporation Name
NEW HORIZONS MINISTRIES, INCORPORATED

Principal Place of Business	Mailing Address
6931 S.W. 68TH COURT S. MIAMI FL 33143 US	6931 S.W. 68TH COURT S. MIAMI FL 33143 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1967
3a. Date of Last Report: 04/26/1994
4. FEI Number: 23-7024818 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business — 21 Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25
2a. Mailing Address — 26 Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

GRAVLIN,WALTER
6931 SW 68TH CT
S MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D (no longer)	☒ Change ☐ Addition
NAME	GRAVLIN,WALTER	12 NAME	John Starbuck	
STREET ADDRESS	6931 S.W. 68TH CT.	13 STREET ADDRESS	975 N.E. 17th St.	
CITY-ST-ZIP	S MIAMI FL	14 CITY-ST-ZIP	Miami,Fl	
TITLE	DVP	21 TITLE	D (no longer)	☒ Change ☐ Addition
NAME	ALESSI,JOHN	22 NAME	Helen Hulting	
STREET ADDRESS	8100 S.W. 104TH ST.	23 STREET ADDRESS	9201 West Broward Blvd.	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Plantation, FL	
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	GRAVLIN,VIRGINIA	32 NAME		
STREET ADDRESS	6931 S.W. 68TH CT.	33 STREET ADDRESS		
CITY-ST-ZIP	S MIAMI FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	STARBUCK, JOHN	42 NAME		
STREET ADDRESS	975 N.E. 171TH ST.	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	HULTING, HELEN	52 NAME		
STREET ADDRESS	9201 WEST BROWARD BLVD	53 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] President 4/12/95 305-661-6781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042830