## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 71274

(6)

## NEW HORIZONS MINISTRIES, INCORPORATED

NEW HORIZONS MINISTRIES, INCORPORATED									
Princi	pal Piace	of Busines	<del></del>	·····	Mailing Address				
6931 S.W. 66TH COURT S. MIAMI FL 33143 US					6931 S.W. 68TH COURT S. MIAMI FL 33143-3121 US				
00									3. Date incorporated or Qualified   3a. Date of Last Report   05/01/1996
	ncipal Pl	ace of Busin	ness	<b>}</b>	2a. Mailing Address				4. FEI Number Applied For 23-7024818 Not Applicable
<b>21</b> Su	ite, Apt.	#, etc.		126	Suite, Apt. #, etc.				SR 75 Additional
22				27	27				5. Certificate of Status Desired Fee Required
Cit 23	City & Stato				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	)	Country Zip Co			Cou	ntry	,	8. This corporation has liability for intangible tax under s. 199.032,	
24		25 29 30 9. Name and Address of Current Registered Agent			30			Florida Statutes Yes No 10. Name and Address of New Registered Agent	
		A' Mause	and Address of Ci	stratit wah	stered Agent		81	Name	10. Haine and Address of New Heylsters Agent
G	RAVI IN	,WALTER					82	Street A	Address (P.O. Box Number is Not Acceptable)
6931 SW 68TH CT								011001 A	addisse (F.O. DOX Humber IS 140) Acceptable)
S MIAMI FL 33143					;				
							84	City	FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.</li> </ol>									
SIGNATURE Signature typod or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  Output  Date									
12.			OFFICERS	AND DIR		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	}	PD	. 14000001		☐ DELETE	1.1 TIT		ţ	D Change St Addition
NAME	ADORESS .		I, VIRGINIA L. W. 68TH CT.			1.2 N		ADDRESS	James T. Morgan
CITY-S		S MIAM						ST-ZIP	10771 SN 47 Street, Miami FL 33165
TITLE		STD			DELETE	2.1 T)			D VP Change Addition
NAME	l		I, WALTER			2.2 N	ME	,	Juan Pablo Camargo
	ADDRESS		W. 68TH COURT						3182 Wilson Street
CITY-S	T-ZIP	S. MIAN	I FL		DELETE	2. 4 C 3.1 Tri		ST-ZIP	Hollywood FL 33021
TITLE NAME	Ì	STD	I,VIRGINIA		BC1 precent	3.1 NA		!	C Olimite
	ADDRESS		W, 68TH CT.					ADDRESS	
CITY-S		S MIAM				3.4. C	rr-l	ST-ZIP	
TITLE		<u> </u>			DELETE	4.1 Tr			☐ Change ☐ Addition
NAME						4. 2 N	AME	ļ	
STREET	ADDRESS					4.9 S1	AEET	ADDRESS	
CITY-S	T-ZIP							ST-ZIP	
TITLE	-				☐ DELETE	5.1 TO		ţ	Change Addition
NAME	}					5.2 N			
	ADDRESS							ADORESS	
CITY-S	17 - ZIP	·			DELETE			ST-ZIP	Change Addition
TITLE					C OLLEIS	6.1 Ti		1	i ought i vanimi
NAME	ADDRESS					1		ADDRESS	
CITY-S	Į.							ST-ZIP	
14.	do heret	y certify tha	t the information su	oplied with	this filing does not qual	lify for the	exe	mption st	ated in Section 119,07(3)(i), Florida Statutes. I further certify that the
ir I a	nformatio am an ol ippears ii	n indicated flicer or dire n Block 12 d	on this annual repoi clor of the corporati ir Block 19 if the	t or supple on or the read, or on a	plental annual regort is ceiver or trustge empor yartachment vijh an ad	true and a wered to e idress	XOC	urate and i oute this re	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under oath; that eport as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE: Nalley Russell WHOTENGERVIO S/T) APRIL

Deytime Phone # 0030136

**FILED** 

May 16 1997 8:00am

Secretary of State