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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 712742**

1. Corporation Name

**NEW HORIZONS MINISTRIES, INCORPORATED**

Principal Place of Business

6931 S.W. 68TH COURT  
S. MIAMI FL 33143  
US

Mailing Address

6931 S.W. 68TH COURT  
S. MIAMI FL 33143  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/15/1967

4. FEI Number

23-7024818

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

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

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 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **GRAVLIN, VIRGINIA L.**

STREET ADDRESS **6931 S.W. 68TH CT.**

CITY-ST-ZIP **S MIAMI FL**

TITLE **STD** ☐ DELETE

NAME **GRAVLIN, WALTER**

STREET ADDRESS **6931 S.W. 68TH COURT**

CITY-ST-ZIP **S. MIAMI FL**

TITLE **D** ☐ DELETE

NAME **MORGAN, JAMES T**

STREET ADDRESS **10771 SW 47 ST**

CITY-ST-ZIP **MIAMI FL**

TITLE **DVP** ☒ DELETE

NAME **CAMARGO, JUAN P**

STREET ADDRESS **3182 WILSON ST**

CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** ☒ DELETE

NAME **CAMARGO, HEATHER**

STREET ADDRESS **3182 WILSON ST**

CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**DIRECTOR**

☐ Change

☒ Addition

1.2 NAME

**SANDRA ANDERSON**

1.3 STREET ADDRESS

**9315 SW 42 STREET**

1.4 CITY-ST-ZIP

**MIAMI, FL 33165**

2.1 TITLE

**DIRECTOR**

☐ Change

☒ Addition

2.2 NAME

**WAYNE GRESHAM**

2.3 STREET ADDRESS

**10040 SW 34 STREET**

2.4 CITY-ST-ZIP

**MIAMI, FL 33165**

3.1 TITLE

**DIRECTOR**

☐ Change

☒ Addition

3.2 NAME

**DEBBIE ONEILL**

3.3 STREET ADDRESS

**12760 SW 19 STREET**

3.4 CITY-ST-ZIP

**MIAMI, FL 33175**

4.1 TITLE

**DIRECTOR, VICEPRESIDENT**

☐ Change

☒ Addition

4.2 NAME

**VIRGINIA M. GRAVLIN**

4.3 STREET ADDRESS

**6931 SW 68 COURT**

4.4 CITY-ST-ZIP

**S. MIAMI, FL 33143**

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 with all other like empowered.

SIGNATURE:

*Walter Gravin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 - 305-661-6781  
Date Daytime Phone #

CR2E037 (11/98)