

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765442

FILED
Mar 07, 2007
Secretary of State

Entity Name: NEW HORIZON UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

5741 S. FLAMINGO ROAD
FT. LAUDERDALE, FL 33330

New Principal Place of Business:

Current Mailing Address:

5741 S. FLAMINGO ROAD
FT. LAUDERDALE, FL 33330

New Mailing Address:

5741 S. FLAMINGO ROAD
SOUTHWEST RANCHES, FL 333303205 US

FEI Number: 59-2262143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARHAM, JOHN F REV
11648 SW 59TH CT
COOPER CITY, FL 33330 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T/T () Delete
Name: CAHILL, JAN Z MRS
Address: 840 SW 174TH TERR
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: P/T () Delete
Name: STAMP, LISA C MRS
Address: 1021 NW 89TH TERR
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: S/T () Delete
Name: GIBLIN, SANDRA H MRS
Address: 1415 CAMELLIA CIR
City-St-Zip: WESTON, FL 33326 US

Title: V/T () Delete
Name: NEWLAND, NORVAL MR
Address: 8300 SW 55TH CT
City-St-Zip: DAVIE, FL 33324 US

Title: T () Delete
Name: PANNIER, PAUL J MR
Address: 1497 SW 158TH AVE
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: T () Delete
Name: QUINN, TIMOTHY MR
Address: 8657 SW 50TH ST
City-St-Zip: COOPER CITY, FL 33328 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: MONTOYA, LUCY G MS
Address: 15710 E WATERSIDE CIR
City-St-Zip: SUNRISE, FL 33326 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WILLIAMS, DOUGLAS G MR
Address: 13778 NW 19 ST
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LISA C STAMP

P/T

03/07/2007

Electronic Signature of Signing Officer or Director

Date