

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90152 036 ****70.00

DOCUMENT # N00000001590

1. Entity Name

~~NEW HORIZON CHRISTIAN CENTER, INC.~~

ELD HIM ZION CHRISTIAN CENTER, INC.

Principal Place of Business

Mailing Address

1917 S W 3RD STREET
OCALA FL 34474

1917 S W 3RD STREET
OCALA FL 34474

2. Principal Place of Business

3771 S. PINE AVE

3. Mailing Address

P.O. BOX 6348

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ocala, FL

City & State
OCALA, FL

Zip
34478

Country
USA

Zip
34478

Country
USA

4. FEI Number 59-3578327

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOPE, TANGERINE
1917 S W 3RD STREET
OCALA FL 34474

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME HOPE, TANGERINE
STREET ADDRESS 1917 S W 3RD STREET
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

TITLE D
NAME FARREL, CARLOTTA
STREET ADDRESS 2221 SE 14TH AVE, #77
CITY-ST-ZIP Ocala FL 34474 ☒ Delete

TITLE D
NAME EVERETT, SANDRA
STREET ADDRESS 1917 S W 3RD STREET
CITY-ST-ZIP Ocala FL 34474 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME DR. Linda D. Williams
STREET ADDRESS 8098 Juniper Rd.
CITY-ST-ZIP Ocala, FL 34480 ☐ Change ☒ Addition

TITLE D
NAME Maxine Brown
STREET ADDRESS 1111 Pamela St.
CITY-ST-ZIP Leesburg, FL 34478-34748 ☐ Change ☒ Addition

TITLE D
NAME Gregory Hope
STREET ADDRESS 1917 S.W. 3rd St
CITY-ST-ZIP Ocala, FL 34474 ☐ Change ☒ Addition

TITLE D
NAME Rhonda Gardner
STREET ADDRESS 2063 N.E. 58th St
CITY-ST-ZIP Ocala, FL 34479 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)