

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

05 FEB 28 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02142005 REIN-NP

CR2E099 (6/04)

*MRS*

**DOCUMENT # N03000004012**

1. Entity Name  
NEW HORIZON MINISTRY INTERNATIONAL, INC.



Principal Place of Business  
12015 TUSCANY BAY DRIVE  
NO. 303  
TAMPA, FL 33626

Mailing Address  
12015 TUSCANY BAY DRIVE  
NO. 303  
TAMPA, FL 33626

2. Principal Place of Business  
3910 Falling Acorn Cir.

3. Mailing Address  
3910 Falling Acorn Cir.

City & State  
Lake Mary, FL

City & State  
Lake Mary, FL

Zip  
32746

Country  
USA

Zip  
32746

Country  
USA

4. FEI Number  
20-2330496

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEACOCK, ODESSA  
12015 TUSCANY BAY DRIVE  
NO. 303  
TAMPA, FL 33626

7. Name and Address of New Registered Agent

Name  
Peacock Odessa

Street Address (P.O. Box Number is Not Acceptable)  
3910 Falling Acorn Cir.

City  
Lake Mary

State  
FL

Zip Code  
32746

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Odessa M. Peacock* DATE 2/14/05

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Peacock, Odessa 3910 Falling Acorn Cir. Lake Mary, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT 04-05</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Trader, Sybil 3910 Falling Acorn Cir. Lake Mary, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800048400648 03/15/05--01013--003 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Peacock, Joshua 3910 Falling Acorn Cir. Lake Mary, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Fisher, Debra 3910 Falling Acorn Cir. Lake Mary, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Odessa M. Peacock* DATE 2/14/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR