


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90006 007 ****70.00

DOCUMENT # N06000004218	
1. Entity Name NEW HORIZON OUTREACH MINISTRY, INCORPORATED	

Principal Place of Business 5014 NE 77TH AVE. PO BOX 6076 GAINESVILLE, FL 32627	Mailing Address 5014 NE 77 AVENUE GAINESVILLE, FL 32609
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DO NOT WRITE IN THIS SPACE



08272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4299780	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRIFFIN, CRYSTAL 5014 NE 77TH AVE. GAINESVILLE, FL 32609

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRIFFIN, MICHAEL E 5014 NE 77TH AVE. GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRIFFIN, CRYSTAL 5014 NE 77TH AVE. GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SAMPSON, ALESHA C 214 NE 26TH ST. GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMALL, MARTHA P. O. BOX 953 MAC CLENNY, FL 320630953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Crystal Griffin - Crystal Griffin **8-14-08** ³⁵² **281-7684**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #