


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90031 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N21427					
1. Corporation Name NEW HORIZON MINISTRY, INC.					
Principal Place of Business 6 ALMOND DRIVE RUN OCALA FL 34472 US			Mailing Address P.O. BOX 7025 OCALA FL 34472 US		



2. Principal Place of Business 21 484 Emerald Road Suite, Apt. #, etc. 22 Ocala, 41 City & State 23 34472 Zip		2a. Mailing Address 26 P.O. Box 830206 Suite, Apt. #, etc. 27 Ocala, 71 City & State 28 34483 - 0206 Zip		3. Date Incorporated or Qualified 06/30/1987	
24 Country		29 Country		30 U.S.	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing <input type="checkbox"/>		7. Trust Fund Contribution <input type="checkbox"/>	
\$8.75 Additional Fee Required		\$5.00 May Be Added to Fees		Not Applicable	

9. Name and Address of Current Registered Agent BONILLA, GILBERT P.O. BOX 7025/#1 HEMLOCK TERRACE COURT OCALA FL 34472				10. Name and Address of New Registered Agent 81 Name Bonilla Gilbert 82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 830206 - #1 Hemlock Terr. Court 83 Ocala 84 City FL 85 Zip Code 34483			
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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 *- Pastor -* 1/6/98
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	DD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BONILLA, GILBERT		1.2 NAME				
STREET ADDRESS	#1 HEMLOCK TERRACE COURT		1.3 STREET ADDRESS				
CITY-ST-ZIP	OCALA FL 34472		1.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LOPEZ, GILBERT		2.2 NAME				
STREET ADDRESS	3 HEMLOCK LOOP TRL		2.3 STREET ADDRESS				
CITY-ST-ZIP	OCALA FL 34472		2.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	O'NEILL, MARISOL		3.2 NAME	Lucy Colon Amaro			
STREET ADDRESS	3 HEMLOCK LOOP TRAIL		3.3 STREET ADDRESS	8740 SE 60th Ave			
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	Ocala, 71 34478			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	TR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	Ana Bonilla			
STREET ADDRESS			4.3 STREET ADDRESS	#1 Hemlock Terrace Court			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Ocala FL 34472			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	TR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	Jaime Luis Fret			
STREET ADDRESS			5.3 STREET ADDRESS	2916 NE 24th Ave			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Ocala, 71 34472			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: *[Signature]* 1/6/98 (352) 680-1947
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)