

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21427

1. Entity Name

NEW HORIZON MISSIONARY CHURCH, INC.

Principal Place of Business

Mailing Address

484 EMERALD RD  
OCALA FL 34472  
US

PO BOX 830206  
OCALA FL 34483-0206  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GILBERT, BONILLA  
PO BOX 830206  
#1 HEMLOCK TERR CT  
OCALA FL 34483

4. FEI Number

59-2836965

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

|                |                          |   |
|----------------|--------------------------|---|
| TITLE          | DD                       | <i>Pastor/Presid.</i> <input type="checkbox"/> Delete       |
| NAME           | BONILLA, GILBERT         |   |
| STREET ADDRESS | #1 HEMLOCK TERRACE COURT |   |
| CITY-ST-ZIP    | OCALA FL 34472           |   |
| TITLE          | TD                       | <i>Treasurer</i> <input type="checkbox"/> Delete            |
| NAME           | LOPEZ, GILBERT           |   |
| STREET ADDRESS | 3 HEMLOCK LOOP TRL       |   |
| CITY-ST-ZIP    | OCALA FL 34472           |   |
| TITLE          | S                        | <i>Secretary</i> <input checked="" type="checkbox"/> Delete |
| NAME           | COLON, CARMEN L          |   |
| STREET ADDRESS | 2918 NE 24TH AVE         |   |
| CITY-ST-ZIP    | OCALA FL 34479           |   |
| TITLE          | TR                       | <i>Trustee</i> <input type="checkbox"/> Delete              |
| NAME           | O'NEILL, MARISOL         |   |
| STREET ADDRESS | 3 HEMLOCK LOOP TRAIL     |   |
| CITY-ST-ZIP    | OCALA FL 34472           |   |
| TITLE          | TR                       | <i>Trustee</i> <input type="checkbox"/> Delete              |
| NAME           | FRET, JAMIE L            |   |
| STREET ADDRESS | 8740 SE 60TH AVE         |   |
| CITY-ST-ZIP    | OCALA FL 34472           |   |
| TITLE          |                          | <input type="checkbox"/> Delete                             |
| NAME           |                          |   |
| STREET ADDRESS |                          |   |
| CITY-ST-ZIP    |                          |   |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |  |
|----------------|--|--|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

*Pastor/Presid. Gilbert Bonilla*

3/10/02

(352) 598-3314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 29, 2002 8:00 am  
Secretary of State

05-06-2002 90056 009 \*\*\*\*70.00

87477



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)