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Mar 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000831

1. Corporation Name

NEW HORIZON CHURCH OF GOD IN CHRIST INC.

Principal Place of Business

Mailing Address

804 22ND AVE WEST
BRADENTON FL 34208-8222
US

804 22ND AVE WEST
BRADENTON FL 34205-8222
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 NEW HORIZON CHURCH OF GOD IN CHRIST INC	26 804 22nd Ave West	02/14/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 804 22nd AVE WEST	27 BRADENTON	65-0353911
City & State	City & State	Applied For
23 BRADENTON FL	28 FLORIDA	<input type="checkbox"/> Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 34205-8222	29 34205	30 FL
Country	Country	6. Election Campaign Financing
25 US	30 US	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCAVELLA, DAVID ELDER
412 58TH AVE EAST
BRADENTON FL 34203

81 Name **Elder DAVID SCAVELLA**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **6309 8th Ct East**
84 City **BRADENTON FL** 85 Zip Code **34203**

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

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAVELLA, DAVID	1.2 NAME	Elder, SCAVELLA DAVID
STREET ADDRESS	412 58TH AVE. EAST	1.3 STREET ADDRESS	6309 8th Ct East
CITY-ST-ZIP	BRADENTON FL 34203	1.4 CITY-ST-ZIP	BRADENTON FL 34203
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAVELLA, LARVERN	2.2 NAME	SCAVELLA, LARVERN
STREET ADDRESS	412 58TH AVE. E.	2.3 STREET ADDRESS	6309 8th Ct East
CITY-ST-ZIP	BRADENTON FL 34203	2.4 CITY-ST-ZIP	BRADENTON FL 34203
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, VALARY	3.2 NAME	WOODS, VALARY
STREET ADDRESS	415 60TH AVE. E	3.3 STREET ADDRESS	415 60th Ave E
CITY-ST-ZIP	BRADENTON FL 34203	3.4 CITY-ST-ZIP	BRADENTON FL 34203
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GWENDOLYN	4.2 NAME	Williams, Gwendolyn
STREET ADDRESS	5310 CARMEN AVE.	4.3 STREET ADDRESS	5310 CARMEN AVE
CITY-ST-ZIP	SARASOTA FL 34235	4.4 CITY-ST-ZIP	SARASOTA FL 34235
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID SCAVELLA	5.2 NAME	
STREET ADDRESS	6309 8th Ct East	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34203	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Scavella 3/24/99 (941) 7506709

CR2E037 (4/1/98)