## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 26, 2000 8:00 am Secretary of State DOCUMENT # N9400000831 1. Entity Name NEW HORIZEIN CHURCH OF GOD IN CHRIST INC. 05-26-2000 90117 020 \*\*\*\*61.25 Principal Place of Business Mailing Address **NEW HORIZEIN COGIC** 804 22ND AVE WEST **BRADENTON FL 34205-8222** 804 22ND AVE WEST BRADENTON FL 34208-8222 3. Mailing Address NEW HORIZEIN Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0353911 radenton Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SCAVELLA, DAVID ELDER 6309 8TH CT EAST EAST **BRADENTON FL 34203** Zip Code 34203 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. Make Check Pavable to FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE TITLE ☐ Delete SCAVELLA, DAVID ELDER NAME NAME STREET ADDRESS 6309 8TH CT EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** TITLE D □ Delete TITLE Change ☐ Addition savella hervern SCAVELLA, LARVERN NAME 6309 8th C+ EAST STREET ADDRESS STREET ADDRESS 6309 8TH CT EAST CITY-ST-ZIP CITY-ST-ZIF **BRADENTON FL 34203** adenton FC. 34203 TITLE ☐ Delete TITLE woods valary Change ☐ Addition NAME WOODS, VALARY NAME 415 both Ave E STREET ADDRESS 415 60TH AVE. E STREET ADDRESS Bradentoa A. 34203 CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** ☐ Delete TITI F ☐ Change ☐ Addition TITLE Williams Gwendolyn WILLIAMS, GWENDOLYN NAME STREET ADDRESS 5310 CARMEN AVE. STREET ADDRESS 5210 CARMON AND CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34235 ☐ Change ☐ Addition ☐ Defete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: