

'2001' UNIFORM BUSINESS REPORT (UBR)**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90067 028 ****61.25

0073787

DOCUMENT # N94000000831

1. Entity Name

NEW HORIZEIN CHURCH OF GOD IN CHRIST INC.

Principal Place of Business

Mailing Address

NEW HORIZEIN COGIC
804 22ND AVE WEST
BRADENTON FL 34205
USNEW HORIZEIN COGIC
804 22ND AVE WEST
BRADENTON FL 34205
US

2. Principal Place of Business

3. Mailing Address

NEW HORIZIN COGIC
Suite, Apt. #, etc.NEW HORIZIN COGIC
Suite, Apt. #, etc.

804 22nd Ave West

804 22nd Ave West

City & State
Bradenton FloridaCity & State
Bradenton FloridaZip
34205Country
USZip
34205Country
US

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0353911

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCAVELLA, DAVID ELDER
6309 8TH CT EAST
BRADENTON FL 34203

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

Pastor David Scavella

4/25/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SCAVELLA, DAVID ELDER
6309 8TH CT EAST
BRADENTON FL 34203 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCAVELLA, LARVERN
6309 8TH CT EAST
BRADENTON FL 34203 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WOODS, VALARY
415 60TH AVE. E
BRADENTON FL 34203 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, GWENDOLYN
5310 CARMEN AVE.
SARASOTA FL 34235 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pastor David Scavella

Date

4/25/01

Daytime Phone #

941-750 6709

CR2E037 (10/00)