

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90042 045 \*\*\*\*61.25

**DOCUMENT # N94000000831**

1. Entity Name  
**NEW HORIZON CHURCH OF GOD IN CHRIST INC.**

Principal Place of Business

**NEW HORIZON COGIC  
804 22ND AVE WEST  
BRADENTON FL 34205  
US**

Mailing Address

**NEW HORIZON COGIC  
804 22ND AVE WEST  
BRADENTON FL 34205  
US**

2. Principal Place of Business

**NEW HORIZON COGIC**

3. Mailing Address

**804 22 Ave west**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Bradenton FLORIDA**

City & State

**Bradenton FLORIDA**

4. FEI Number

**65-0353911**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34205**

**34205**

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

**David Scavella**

**3/14/02**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete  
NAME **SCAVELLA, DAVID ELDER**  
STREET ADDRESS **6309 8TH CT EAST**  
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE ☐ Change ☐ Addition  
NAME **Same Names**  
STREET ADDRESS **Same Names**  
CITY-ST-ZIP **Same Names**

TITLE **D** ☐ Delete  
NAME **SCAVELLA, LARVERN**  
STREET ADDRESS **6309 8TH CT EAST**  
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE ☐ Change ☐ Addition  
NAME **Same Names**  
STREET ADDRESS **Same Names**  
CITY-ST-ZIP **Same Names**

TITLE **D** ☐ Delete  
NAME **WOODS, VALARY**  
STREET ADDRESS **415 60TH AVE. E**  
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE ☐ Change ☐ Addition  
NAME **Same Names**  
STREET ADDRESS **Same Names**  
CITY-ST-ZIP **Same Names**

TITLE **D** ☐ Delete  
NAME **WILLIAMS, GWENDOLYN**  
STREET ADDRESS **5310 CARMEN AVE.**  
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Change ☐ Addition  
NAME **Same Names**  
STREET ADDRESS **Same Names**  
CITY-ST-ZIP **Same Names**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/14/02 941-750 6709**

CR2E037 (9/01)