

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

05-14-2001 90193 045 ****61.25

DOCUMENT # N99000005855

1. Entity Name

NEW HORIZON CHURCH, INC.

Principal Place of Business

Mailing Address

384 LOGAN AVENUE
 ORANGE PARK FL 32065

384 LOGAN AVENUE
 ORANGE PARK FL 32065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

EIN 59-3626874

4. FEI Number

APPLIED FOR

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

WELLS, DAVID M
C/O MCGUIRE, WOODS, BATTLE & BOOTHE LLP
50 N. LAURA ST., STE. 3300
JACKSONVILLE FL 32202

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 **D** ☐ Delete
 NAME **MUNTAIN, TERRY MUNTAIN**
 STREET ADDRESS **2000 WELLS ROAD, STE C**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☐ Delete
 NAME **LAWRENCE, RICK**
 STREET ADDRESS **2000 WELLS ROAD, STE C**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☒ Delete
 NAME **FIORE, TIM**
 STREET ADDRESS **2000 WELLS ROAD, STE. C**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **384 Logan Ave**
 CITY-ST-ZIP **Orange Park, FL 32065**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **384 Logan Ave**
 CITY-ST-ZIP **Orange Park, FL 32065**

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Billy L. Johns Jr.**
 CITY-ST-ZIP **384 Logan Ave**
Orange Park, FL 32065

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

TITLE ☐ Change ☐ Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01 904-272-1707

Date

Daytime Phone #

CR2E037 (10/00)