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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N21427 (2)

1. Corporation Name  
NEW HORIZON MINISTRY, INC.



Principal Place of Business Mailing Address  
% JUAN OCASIO 83 TEAK LOOP 7025 OCALA OCALA FL 34472  
% JUAN OCASIO 83 TEAK LOOP 7025 OCALA OCALA FL 34472-2078

3. Date Incorporated or Qualified 06/30/1987  
3a. Date of Last Report 03/04/1996

2. Principal Place of Business 2a. Mailing Address  
21 6 Almond Drive Run 26 P.O Box 7025  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Ocala, Florida 27 Ocala, Florida  
City & State City & State  
23 34472 28 34472  
Zip Zip  
24 Country 25 Country 29 Country 30 Country

4. FEI Number 59-2836965 Applied For Not Applicable  
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent  
OCASIO, JUAN  
83 TEAK LOOP  
OCALA FL 32872

10. Name and Address of New Registered Agent  
81 Name Gilbert Bonilla  
82 Street Address (P.O. Box Number is Not Acceptable) P.O Box 7025 #1 Hemlock Terrace Court  
83 Ocala,  
84 City Ocala, FL 85 Zip Code 34472

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 *Gilbert Bonilla* Gilbert Bonilla 2/5/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	OCASIO, JUAN	
STREET ADDRESS	83 TEAK LOOP	
CITY - ST - ZIP	OCALA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COLON, ANIBAL	
STREET ADDRESS	48 TEAK LOOP	
CITY - ST - ZIP	OCALA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	O'NEILL, MARISOL	
STREET ADDRESS	3 HEMLOCK LOOP TRAIL	
CITY - ST - ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gilbert Bonilla	
1.3 STREET ADDRESS	#1 Hemlock Terrace Court	
1.4 CITY - ST - ZIP	Ocala, Florida 34472	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE: *Gilbert Bonilla* Gilbert Bonilla 2/5/97  
Signature and typed or printed name of signing officer or director Date

CR2E037 (9/96)