


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21427

1. Corporation Name
NEW HORIZON MINISTRY, INC.

Principal Place of Business 6 ALMOND DRIVE RUN Ocala FL 34472 US	Mailing Address P.O. BOX 7025 Ocala FL 34472 US
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2. Principal Place of Business 21 484 Emerald Road Suite, Apt. #, etc. 22 Ocala 41 City & State 23 34472 Zip	2a. Mailing Address 26 P.O. Box 830206 Suite, Apt. #, etc. 27 Ocala, 71 City & State 28 34483 - 0206 Zip	3. Date Incorporated or Qualified 06/30/1987	4. FEI Number 59-2836965 Applied For Not Applicable
24 Country 25	29 Country 30 U.S	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BONILLA, GILBERT
P.O. BOX 7025/#1 HEMLOCK TERRACE COURT
OCALA FL 34472

10. Name and Address of New Registered Agent

81 Name **Bonilla Gilbert**
 82 Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 830206 - #1 Hemlock Terr. Court
 83 **Ocala**
 84 City **FL** 85 Zip Code **34483**

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 *- Pastor -* 1/6/98
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BONILLA, GILBERT	
STREET ADDRESS	#1 HEMLOCK TERRACE COURT	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOPEZ, GILBERT	
STREET ADDRESS	3 HEMLOCK LOOP TRL	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	SD	<input checked="" 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lucy Colon Amaro	
3.3 STREET ADDRESS	8740 SE 60th Ave	
3.4 CITY-ST-ZIP	Ocala, 71 34478	
4.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ana Bonilla	
4.3 STREET ADDRESS	#1 Hemlock Terrace Court	
4.4 CITY-ST-ZIP	Ocala FL 34472	
5.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jaime Luis Fret	
5.3 STREET ADDRESS	2916 NE 24th Ave	
5.4 CITY-ST-ZIP	Ocala, 71 34472	
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 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, with all other like empowered.

SIGNATURE: *R. Gilbert Bonilla* 1/6/98 (352) 680-1947
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)