

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-06-2002 90056 009 ****70.00

DOCUMENT # N21427

1. Entity Name

NEW HORIZON MISSIONARY CHURCH, INC.

Principal Place of Business

Mailing Address

484 EMERALD RD
 Ocala FL 34472
 US

PO BOX 830206
 Ocala FL 34483-0206
 US

87477



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2836965		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GILBERT, BONILLA PO BOX 830208 #1 HEMLOCK TERR CT OCALA FL 34483				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. <input type="checkbox"/> \$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	DD <i>Pastor/Presid.</i> BONILLA, GILBERT #1 HEMLOCK TERRACE COURT OCALA FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <i>Treasurer</i> LOPEZ, GILBERT 3 HEMLOCK LOOP TRL OCALA FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <i>Secretary</i> COLON, CARMEN L 2918 NE 24TH AVE OCALA FL 34479 <input checked="" type="checkbox"/> Delete	TITLE <i>Sec</i> NAME <i>Mariana Bonilla</i> STREET ADDRESS <i>2853 N.E. 7th St. Apt C</i> CITY-ST-ZIP <i>Ocala, FL 34470</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <i>Trustee</i> O'NEILL, MARISOL 3 HEMLOCK LOOP TRAIL OCALA FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <i>Trustee</i> FRET, JAMIE L 8740 SE 60TH AVE OCALA FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <i>Trustee</i> NAME <i>Josue Reyes</i> STREET ADDRESS <i>9346 Maricamp Rd</i> CITY-ST-ZIP <i>Ocala FL 3442</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Pastor/Presid. Mariana Bonilla* 3/10/02 (352) 598-3314
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)