


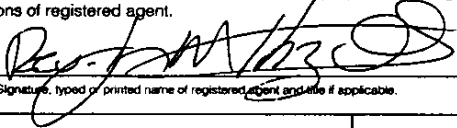
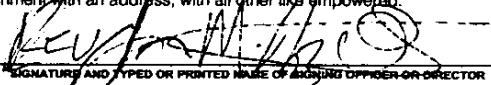
# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 26 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N21427</b>					
1. Entity Name NEW HORIZON CHURCH, INC.		Principal Place of Business 484 EMERALD RD OCALA, FL 34472 US		Mailing Address PO BOX 830206 OCALA, FL 34483-0206 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2836965	
Zip	Country	Zip	Country	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			10182007 REIN-NP CR2E099 (1/07)		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CABEZUDO, JOSE M REV 13 HEMLOCK RUN OCALA, FL 34472			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE 10/11/07		
Signatures, typed or printed name of registered agent and date if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CABEZUDO, JOSE M REV 9 HEMLOCK RUN OCALA, FL 34472	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ramos, Manuel 10 Cedar Tree Run Ocala, FL 34472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JIMENEZ, MANUEL 8793 SE 81 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	DE JIMENEZ, JOIVAN 23 CEDAR ROAD OCALA, FL 34472	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	30011739410 10/26/07--01048--007 *\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRET, JAIME L 8740 SE 64TH 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	T LOPEZ, RAUL 59 CYPRESS RD OCALA, FL 34472	<input checked="" 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	DE GARCIA, FELIX 39 OAK PASS LOOP OCALA, FL 34472	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			DATE 10/11/07		352-687-9424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

10/29/07