

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21427

FILED
Apr 29, 2009
Secretary of State

Entity Name: NEW HORIZON CHURCH, INC.

Current Principal Place of Business:

484 EMERALD RD
OCALA, FL 34472 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 830206
OCALA, FL 344830206 US

New Mailing Address:

FEI Number: 59-2836965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABEZUDO, JOSE M REV
13 HEMLOCK RUN
OCALA, FL 34472 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CABEZUDO, JOSE M REV
Address: 9 HEMLOCK RUN
City-St-Zip: Ocala, FL 34472

Title: DE () Delete
Name: JIMENEZ, JOIVAN
Address: 23 CEDAR ROAD
City-St-Zip: Ocala, FL 34472

Title: S () Delete
Name: FRET, JAIME L
Address: 8740 SE 64TH AVE
City-St-Zip: Ocala, FL 34472

Title: T () Delete
Name: RAMOS, MANUEL
Address: 10 CEDAR TREE RUN
City-St-Zip: Ocala, FL 34472

Title: DE () Delete
Name: GARCIA, FELIX
Address: 39 OAK PASS LOOP
City-St-Zip: Ocala, FL 34472

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CABEZUDO, JOSE M REV
Address: 13 HEMLOCK RUN
City-St-Zip: Ocala, FL 34472

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DE (X) Change () Addition
Name: CABEZUDO, ROBERTO
Address: 5763 MIDWAY TERRACE
City-St-Zip: Ocala, FL 34472

Title: DE () Change (X) Addition
Name: CORTES, ANGEL D
Address: 6 HEMLOCK TER DR
City-St-Zip: Ocala, FL 34472

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE CABEZUDO

P

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date