

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90119 038 \*\*\*\*70.00

**DOCUMENT # N21427**

1. Entity Name

**NEW HORIZON MISSIONARY 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2836965**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GILBERT, BONILLA  
PO BOX 830206  
#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. I am familiar with, and accept the obligations of registered agent.

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.

**\$5.00** May Be  
Added to Fees

**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	<input type="checkbox"/> Delete
PP	BONILLA, GILBERT	#1 HEMLOCK TERRACE COURT	OCALA FL 34472	<input type="checkbox"/>
T	LOPEZ, GILBERT	3 HEMLOCK LOOP TRL	OCALA FL 34472	<input checked="" type="checkbox"/>
S	BONILLA, MARIANA	2853 NE 7 ST, APT C	OCALA FL 34470	<input type="checkbox"/>
TR	O'NEILL, MARISOL	3 HEMLOCK LOOP TRAIL	OCALA FL 34472	<input checked="" type="checkbox"/>
TR	FRET, JAMIE L	8740 SE 60TH AVE	OCALA FL 34472	<input checked="" type="checkbox"/>
TR	REYES, JOSUE	9346 MARICAMP RD	OCALA FL 3442	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Manuel Dario Jimenez	8793 S.E. 61 ave.	Ocala, Fl. 34472	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TRUSTEE	Sandra Ellis Rios	205 S.E. 19 th St	Ocala, Fl. 34471	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TR.	Raul Lopez	59 Cypress rd	Ocala, Fl. 34472	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TR.	Angel Ortega	15 Almond drive run	Ocala, Fl. 34472	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: *Gilbert Bonilla* **GILBERT BONILLA** Feb 24, 03 (352) 680-1947

CR2E037 (10/02)