

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003079

**Entity Name:** NEW HORIZON CHURCH, UNITED METHODIST CONGREGATION, CHARITABLE ENTITY, INC.

**FILED**  
**Jan 14, 2014**  
**Secretary of State**  
**CC2180265177**

**Current Principal Place of Business:**

201 OAK AVE E  
HAINES CITY, FL 33844

**Current Mailing Address:**

P.O. BOX 455  
HAINES CITY, FL 33845 US

**FEI Number: 59-1573252**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ANDERSON, JOYCE  
201 OAK AVE E  
HAINES CITY, FL 33844 US

*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

**Officer/Director Detail :**

Title TC  
Name CHRISTENSON, HAROLD  
Address 3060 HWY 17-92 LOT 111  
City-State-Zip: HAINES CITY FL 33844

Title T  
Name CREWS, CURTIS  
Address 207 E. MAPLE ST P.O. BOX 1018  
City-State-Zip: DAVENPORT FL 33836

Title T  
Name LARSON, DARIN  
Address 1004 AQUA VISTA DR.  
City-State-Zip: HAINES CITY FL 33844

Title T  
Name YAEGER, BILL  
Address 304 ST. GEORGE DRIVE  
City-State-Zip: DAVENPORT FL 33837

Title SEC  
Name WEED, JULIE  
Address 1701 COMMERCE AVE., LOT 63  
City-State-Zip: HAINES CITY FL 33844

Title T  
Name HENSELER, WIL  
Address 750 MYSTERY HOUSE ROAD  
City-State-Zip: DAVENPORT FL 33837-9063

Title TRUSTEE  
Name CLEMENTS, LARRY  
Address P.O. BOX 142  
City-State-Zip: DAVENPORT FL 33836

Title TRUSTEE  
Name DENTLER, LEWIS  
Address 322 CANNA LANE  
City-State-Zip: DAVENPORT FL 33837

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: JULIE WEED**

**TRUSTEE/SECRETARY**

**01/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name MEAD, HAROLD  
Address 137 VICTORIA DR  
City-State-Zip: HAINES CITY FL 33844

Title TRUSTEE  
Name HUFF, MAGGIE  
Address 180 SUNRIDGE WOODS COURT  
City-State-Zip: DAVENPORT FL 33837