



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/05/2014	201421601590	CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00	0.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

NEW HORIZONS CHRISTIAN CHURCH
ROSE AUNGST
290 DARROW RD
AKRON, OH 44305

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
171681

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

NEW HORIZONS CHRISTIAN CHURCH

and, that said business records show the filing and recording of:

Document(s)

CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 07/31/2014

Document No(s):

201421601590



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
5th day of August, A.D. 2014.

Ohio Secretary of State



Form 522 Prescribed by:

JON HUSTED
Ohio Secretary of State

 Central Ohio: (614) 466-3910
 Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Bussserv@OhioSecretaryofState.gov

Mail this form to one of the following:

 Regular Filing (non expedite)
 P.O. Box 788
 Columbus, OH 43216

 Expedite Filing (Two-business day processing
 time requires an additional \$100.00).
 P.O. Box 1390
 Columbus, OH 43216

Statement of Continued Existence

Filing Fee: \$25

CHECK ONLY ONE (1) Box

 (1) ☒ Statement of Continued Existence (163-CCE)
 (Domestic Nonprofit Corporation)

 (2) ☐ Verification of Foreign Nonprofit (173-FCE)
 (Foreign Nonprofit Corporation)

By submitting this form the corporation is verifying with the secretary of state's office that it is still actively engaged in exercising its corporate privileges

 Name of Corporation New Horizons Christian church

 Charter or License Number 171681

Complete the information in this section if box (1) is checked

 Location of Principal Office AKRON Summit
 City 290 Darrow Rd County

 Date of Incorporation 9/7/1937
 Date

Complete the information in this section if box (2) is checked

 Date of Qualification in Ohio
 Date

 Jurisdiction of Formation
 Jurisdiction

 Location of Office NOT in Ohio
 Mailing Address

City

State

Zip Code

Location of Office IN Ohio

Mailing Address

City

State

Zip Code

2014 JUL 31 PM 3:10

All Corporations must complete this section

Current Statutory Agent's Name and Address

Rose ANN Aungst

Name of Agent

290 Darrow Rd

Mailing Address

AKRON

City

OHIO

State

44305

Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

The statement must be signed by a director, officer, or three members in good standing.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Glen E. Warner Trust

Signature

By (if applicable)

Glen E. Warner

Print Name

Amanda Lawrence Grow, Board Chair

Signature

By (if applicable)

AMANDA GROW

Print Name

Rose Ann Aungst

Signature

By (if applicable)

Rose Aungst

Print Name