FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUI 1. Corporatio	MENT # 76902	5 (8)				1				
NEW HORIZONS PROPERTIES, INC.										
Principal Place of Business Malting Address						-	.01 6111 01611	OHOU BUUU OLOH P	ITAN BIRKI KUDI	
4300 SW 13TH ST. 4300 SW 13TH ST.						3. Date Incorporated or Qualified	<u></u> d		- 	
GAINESVILLE F	L 32608-4099	GAINESVILLE FL 32608-4	099			06/20/1983				
						4. FEI Number			pplied For	
2 Principal P	lace of Business	2a. Mailing Address				59-2318762			ot Applicable	
21 26						5. Certificate of Status Desired	[X]		Additional equired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing		\$5.00		
22		27				Trust Fund Contribution		Added t		
City & State	8	⊢ ′	City & State			7. Is this nonprofit corporation a	homeown	ners associatio	n?	
Zip	Country	28] Zip	Count	rv		This corporation owes or has			dengible	
24	25	29	30			Personal Property Tax due Ju	•		Mo No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New	Registere	d Agent		
			8	1 Nam	e					
STARR, DOUGLAS L.			8	2 Stree	t Addre	ss (P.O. Box Number is Not Accept	table)			
4300 SW 13TH ST.			8	-	•					
GAINESVILLE FL 32608			Ľ	<u>"</u>						
			8	4 City			F	85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	ites, the abo	ve-name	d corpo	ration submits this statement for the			its registered	
office or re agent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 617.0503, F	authorized t Iorida Statuti	by the co	orporatio	on's board of directors. I hereby acc	ept the ap	ppointment as	registered	
SIGNATURE .										
	Signature, typed or printed name of registered agent and title il applicable. (NOTE:			gent signati	ure required	d when reinstating)	DATE		50.01.40	
12,	OFFICERS AND DIRECTORS DELETE		13. 1.1 TITLE	13.		ADDITIONS/CHANGES TO OFF	-ICEHS AI	Change	Addition	
NAME	DEBOLT, CHARLES		1.2 NAME					C) Orange		
STREET ADDRESS 12207 NW 39TH AVE			1.3 STREET ADDRESS		,					
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP							
TITLE	V B	DELETE	2.1 TITLE			<u> </u>		☐ Change	Addition	
NAME	HAMMOND, LUTHER		2.2 NAME							
STREET ADDRESS	1018 S.W. 25TH PLACE		2.3 STREET ADDRESS		3					
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP							
TITLE	ST CTARR ROUGHES	☐ DELETE	3.1 TITLE		ŀ			☐ Change	☐ Addition	
NAME	STARR, DOUGLAS L. 601 N.W. 39TH ROAD		3.2 NAME							
STREET ADDRESS	ALMIPOLITIC PL			ET ADDRESS	,					
CITY-ST-ZIP TITLE	D GAINESVILLE FL	DELETE	3.4. C(TY 4.1 TITLE		-			Change	Addition	
NAME	Cason, Lillian		4. 2 NAM							
STREET ADDRESS	206 GWEN LAKE BLVD.			ET ADDRESS	;]					
CITY-ST-ZIP	LAKE CITY FL		4.4 CITY-							
TITLE	0	☐ DELETE	5.1 TITLE					Change	Addition	
NAME	suzuki, tetsuko f		5.2 NAME							
STREET ADDRESS	4331 NW 20TH PL		5.3 STAE	et address	3					
CITY-ST-ZIP	GAINESVILLE, F		5.4 CITY-		ļ					
TITLE	D MADNED MADENE	DELETE	6.1 TITLE					Change	Addition	
NAME	WARNER, NADENE	T ^	6.2 NAME							
STREET ADDRESS	3440 SW 28TH TERRACE, AP	10	6.3 \$TRE	ET ADDRESS	i					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Douglas I, Starr, Ph.D.

SIGNATURE: Secretary Treasurer

Ext. 8220

6.4 CITY+ST-ZIP

FILED

Jan 23 1998 8:00am

Secretary of State

Ext. 8220