


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90056 049 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 769025**

1. Corporation Name  
**NEW HORIZONS PROPERTIES, INC.**

Principal Place of Business 4300 SW 13TH ST. GAINESVILLE FL 32608-4099	Mailing Address 4300 SW 13TH ST. GAINESVILLE FL 32608-4099
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/20/1983	4. FEI Number 59-2318762	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

**STARR, DOUGLAS L.**  
**4300 SW 13TH ST.**  
**GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DEBOLT, CHARLES</b>	
STREET ADDRESS	<b>12207 NW 39TH AVE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>HAMMOND, LUTHER</b>	
STREET ADDRESS	<b>1018 S.W. 25TH PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>STARR, DOUGLAS L.</b>	
STREET ADDRESS	<b>601 N.W. 39TH ROAD</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CASON, LILLIAN</b>	
STREET ADDRESS	<b>206 GWEN LAKE BLVD.</b>	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SUZUKI, TETSUKO F</b>	
STREET ADDRESS	<b>4331 NW 20TH PL</b>	
CITY-ST-ZIP	<b>GAINESVILLE, F</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WARNER, NADENE</b>	
STREET ADDRESS	<b>3440 SW 28TH TERRACE, APT C</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D GREENSPAN, MARLENE</b>
5.3 STREET ADDRESS	<b>126 WOODLAND OAKS</b>
5.4 CITY-ST-ZIP	<b>ALACHUA, FL 32615</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D STRICKLAND, FAYE</b>
6.3 STREET ADDRESS	<b>3010 SW 35th PLACE</b>
6.4 CITY-ST-ZIP	<b>GAINESVILLE, FL 32608</b>

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, with all of the like empowered.

SIGNATURE: **Douglas L. Starr, Ph.D.**  
 Secretary/Treasurer  
**SIGNATURE REQUIRED**

1/13/99

(352) 374-5600  
 Ext. 8286

CR2E037 (11/98)