


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 8:00 am
Secretary of State

02-14-2006 90002 046 ****70.00

DOCUMENT # 769025					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01312006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2318762				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LABARTA, MARGARITA PHD 4300 SW 13TH ST. GAINESVILLE, FL 32608			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, CHARLES		NAME	Debolt, Charles	
STREET ADDRESS	PO BOX 140280		STREET ADDRESS	12207 NW 39th Avenue	
CITY-ST-ZIP	GAINESVILLE, FL 326140280		CITY-ST-ZIP	Gainesville, FL 32601	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Hammond, Luther	
STREET ADDRESS			STREET ADDRESS	1018 SW 25th Place	
CITY-ST-ZIP			CITY-ST-ZIP	Gainesville, FL 32601	
TITLE		<input type="checkbox"/> Delete	TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Allen, Charles	
STREET ADDRESS			STREET ADDRESS	PO Box 140280	
CITY-ST-ZIP			CITY-ST-ZIP	Gainesville, FL 32614	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Labarta, Margarita	
STREET ADDRESS			STREET ADDRESS	4300 SW 13th Street	
CITY-ST-ZIP			CITY-ST-ZIP	Gainesville, FL 32608	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Cason, Lillian	
STREET ADDRESS			STREET ADDRESS	1621 SE Giles Martin Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Lake City, FL 32024	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Greenspan, Marlene	
STREET ADDRESS			STREET ADDRESS	4300 SW 13th Street	
CITY-ST-ZIP			CITY-ST-ZIP	Gainesville, FL 32608	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Charles DeBolt</i>			Charles DeBolt President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/1/06		Daytime Phone #: (352) 374-5800 ext 8286