


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90010 021 \*\*\*\*61.25

**DOCUMENT # 769025**  
 1. Entity Name  
**NEW HORIZONS PROPERTIES, INC.**



Principal Place of Business      Mailing Address  
 4300 SW 13TH ST.      4300 SW 13TH ST.  
 GAINESVILLE, FL 32608-4099      GAINESVILLE, FL 32608-4099

**66003168**



01142008 No Chg-NP      CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-2318762**      Not Applicable

5. Certificate of Status Destroyed  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LABARTA, MARGARITA PHD**  
 4300 SW 13TH ST.  
 GAINESVILLE, FL 32608

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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 *Margarita Labarta*      DATE \_\_\_\_\_  
Signature of Public or Printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEBOLT, CHARLES 12207 NW 39TH AVE GAINESVILLE, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOND, LUTHER 1018 SW 25TH PL GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALLEN, CHARLES POB 140280 GAINESVILLE, FL 32614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABARTA, MARGARITA 4300 SW 13TH ST GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASON, LILLIAN 1621 SE GILES MARTIN AVE LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENSPAN, MARLENE 4300 SW 13TH ST GAINESVILLE, FL 32608

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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: *Margarita Labarta*      *Margarita Labarta*      3/6/08 (352)374 5600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #