

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769025

FILED
Sep 01, 2009
Secretary of State

Entity Name: NEW HORIZONS PROPERTIES, INC.

Current Principal Place of Business:

4300 SW 13TH ST.
GAINESVILLE, FL 326084099

New Principal Place of Business:

Current Mailing Address:

4300 SW 13TH ST.
GAINESVILLE, FL 326084099

New Mailing Address:

FEI Number: 59-2318762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LABARTA, MARGARITA PHD
4300 SW 13TH ST.
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEBOLT, CHARLES
Address: 12207 NW 39TH AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: HAMMOND, LUTHER
Address: 1018 SW 25TH PL
City-St-Zip: GAINESVILLE, FL 32601

Title: ST () Delete
Name: ALLEN, CHARLES
Address: POB 140280
City-St-Zip: GAINESVILLE, FL 32614

Title: D () Delete
Name: LABARTA, MARGARITA
Address: 4300 SW 13TH ST
City-St-Zip: GAINESVILLE, FL 32608

Title: VP (X) Delete
Name: CASON, LILLIAN
Address: 1621 SE GILES MARTIN AVE
City-St-Zip: LAKE CITY, FL 32024

Title: D (X) Delete
Name: GREENSPAN, MARLENE
Address: 4300 SW 13TH ST
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALLEN, CHARLES
Address: P.O. BOX 140280
City-St-Zip: GAINESVILLE, FL 32614

Title: TR (X) Change () Addition
Name: LABARTA, MARGARITA
Address: 4300 SW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: D (X) Change () Addition
Name: BRANHAM, NADIA
Address: 4300 SW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: VP (X) Change () Addition
Name: CASON, LILLIAN
Address: 1621 SE GILES MARTIN AVE
City-St-Zip: LAKE CITY, FL 32024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARITA LABARTA

TR

09/01/2009

Electronic Signature of Signing Officer or Director

Date