

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769025

FILED  
Jan 03, 2012  
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:**

PO BOX 141750  
GAINESVILLE, FL 32614

**New Mailing Address:**

**FEI Number:** 59-2318762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
Name: ALLEN, CHARLES  
Address: P.O. BOX 140280  
City-St-Zip: GAINESVILLE, FL 32614

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

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

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

Title: D  
Name: WARNOCK, PATRICIA  
Address: 4300 SW 13TH STREET  
City-St-Zip: GAINESVILLE, FL 32608

Title: D  
Name: DEBOLT, CHARLES  
Address: 4300 SW 13TH STREET  
City-St-Zip: GAINESVILLE, FL 32608

I hereby 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 all other like empowered.

SIGNATURE: MARGARITA LABARTA

TR

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date