

**2004 NOT-FOR-PROFIT CORPORATE
ANNUAL REPORT**

FILED
May 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000005209

1. Entity Name
**NEW HORIZON ACADEMIC LEARNING AND TRAINING
CENTER, INC.**



Principal Place of Business
**2578 HEARD BRIDGE ROAD
WAUCHULA, FL 33873**

Mailing Address
**2578 HEARD BRIDGE ROAD
WAUCHULA, FL 33873**



05072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2047270

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**MITCHELL-FREEMAN, ROSE E MRS
2578 HEARD BRIDGE ROAD
WAUCHULA, FL 33873**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this report 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, the registered agent.

SIGNATURE

Name, type, or printed name of registered agent and title if applicable

Registered Agent signature required when reinstating

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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
**PD
MITCHELL-FREEMAN, ROSE E MRS.
2578 HEARD BRIDGE ROAD
WAUCHULA, FL 33873**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
BABBS, GLEN
321 SOUTH 10TH
WAUCHULA, FL 33873**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
GOODING, BEVERLY MRS.
820 HAWAIIAN DRIVE
WAUCHULA, FL 33873**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000161141
05/21/04-80001-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

Rose E. Mitchell-Freeman President

5/13/04

863-773-6441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rose E. Mitchell-Freeman