


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

02-14-2006 90002 006 \*\*\*\*70.00

<b>DOCUMENT # N02688</b>	
1. Entity Name NEW HORIZONS PROPERTIES II, INC.	

Principal Place of Business 4300 SW 13TH ST. GAINESVILLE, FL 32608-4099	Mailing Address 4300 SW 13TH ST. GAINESVILLE, FL 32608-4099
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01262006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2408827	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

LABARTA, MARGARITA PH D.  
 4300 SW 13TH ST.  
 GAINESVILLE, FL 32608

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing. Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	P <input type="checkbox"/> Delete
NAME	DEBOLT, CHARLES
STREET ADDRESS	12207 NW 39TH AVE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	ST <input checked="" type="checkbox"/> Delete
NAME	LABARTA, MARGARITA
STREET ADDRESS	4300 SW 13TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	VP <input type="checkbox"/> Delete
NAME	HAMMOND, LUTHER
STREET ADDRESS	1018 SW 25TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D <input type="checkbox"/> Delete
NAME	CASON, LILLIAN
STREET ADDRESS	1621 SE GILES MARTIN AVE
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	D <input type="checkbox"/> Delete
NAME	GREENSPAN, MARLENE
STREET ADDRESS	RR 2, BOX 6783
CITY-ST-ZIP	FORT WHITE, FL 32038
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	STRICKLAND, FAYE
STREET ADDRESS	3010 SW 35TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S/T
STREET ADDRESS	Allen, Charles
CITY-ST-ZIP	P O Box 140280 Gainesville, FL 32614
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	Labarta, Margarita
CITY-ST-ZIP	4300 SW 13th Street 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:** Charles DeBolt President **2/1/06** (352) 374-5600 8786  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #