

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-14-2006 90002 047 ****70.00

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|--|---|---|---|--|--|
| DOCUMENT # N96000000070 1. Entity Name NEW HORIZONS PROPERTIES IV, INC. | | | | | |
| Principal Place of Business 4300 SW 13TH STREET GAINESVILLE, FL 32608 | | | Mailing Address 4300 SW 13TH STREET GAINESVILLE, FL 32608 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3366439 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| LABARTA, MARGARITA PHD 4300 SW 13TH STREET GAINESVILLE, FL 32608 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | P DEBOLT, CHARLES 312 SW 41ST STREET GAINESVILLE, FL 32608 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | ST LABARTA, MARGARITA 4300 SW 13TH STREET GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST- ZIP | S/T Allen, Charles P O Box 140280 Gainesville, FL 32614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | VP HAMMOND, LUTHER 1018 SW 25TH PLACE GAINESVILLE, FL 32601 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | D CASON, LILLIAN 1621 SE GILES MARTIN AVE LAKE CITY, FL 32024 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | D STRICKLAND, FAYE 3010 SW 35TH PL GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST- ZIP | D Labarta, Margarita 4300 SW 13th Street Gainesville, FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | D UMLAUF, THOMAS 10555 NW 36TH LANE GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST- ZIP | D Greenspan, Marlene 4300 SW 13th Street Gainesville, FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| 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: <i>Charles DeBolt</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Charles DeBolt President Date 2/1/06 (352) 774-5160 ext-8286 | | |