


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 8:00 am
Secretary of State

02-08-2008 90028 013 ****61.25

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
---	---

66002754



01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3366439	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LABARTA, MARGARITA PHD 4300 SW 13TH STREET GAINESVILLE, FL 32608	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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:  (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEBOLT, CHARLES 312 SW 41ST STREET GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALLEN, CHARLES P.O. BOX 140280 GAINESVILLE, FL 32614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOND, LUTHER 1018 SW 25TH PLACE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASON, LILLIAN 1621 SE GILES MARTIN AVE LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABARTA, MARGARITA 4300 SW 13TH ST GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENSPAN, MARLENE 4300 SW 13TH ST GAINESVILLE, FL 32608
DO NOT WRITE IN THIS SPACE	

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 517, 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:  3/5/08 (352) 374 5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #