

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90101 034 \*\*\*\*70.00

**DOCUMENT # N97000006461**

1. Entity Name  
**NEW HORIZON COMMUNITY DEVELOPMENT  
CORPORATION, INC.**



Principal Place of Business  
**1518 NW 17TH AVE.  
POMPAO BEACH, FL 33069 US**

Mailing Address  
**4752 NW 6TH PLACE  
COCONUT CREEK, FL 33063 US**

00000001



01142007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0886060**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**SHOWERS, RAYFIELD  
4752 NW 6 PLACE  
COCONUT CREEK, FL 33063**

**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

*Rayfield Showers*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/15/07*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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  
**D  
HEATH, WILLIE RUTH  
1651 NW 6TH AVE.  
POMPAO BEACH, FL 33060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**FSM  
SHOWERS, BESSIE  
4752 NW 6TH PL  
COCONUT CREEK, FL 33063**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SHOWERS, BESSIE  
4752 NW 6TH PLACE  
COCONUT CREEK, FL 33063**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GRANISON, APRYL  
6356 WILLOWBAY CIRCLE  
LAKE WORTH, FL 33463**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
GRANISON, APRIL  
6356 WILLOWBAY CIR  
LAKE WORTH, FL 33463**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
SCOTT, THERESA  
1684 NE 17TH AVE #1  
POMPAO BEACH, FL 33069**

**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 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:

*Rayfield Showers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/15/07*

Date

*(954) 984-5987*

Daytime Phone #