## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000006461

FILED Feb 07, 2009 Secretary of State

Entity Name: NEW HORIZON COMMUNITY DEVELOPMENT CORPORATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1518 NW 17TH AVE POMPANO BEACH, FL 33069 US **Current Mailing Address: New Mailing Address:** 4752 NW 6TH PLACE COCONUT CREEK, FL 33063 US FEI Number: 65-0886060 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHOWERS, RAYFIELD 4752 NW 6 PLACE COCONUT CREEK, FL 33063 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete HEATH, WILLIE RUTH HEATH, WILLIE RUTH Name: Name: 1651 NW 6TH AVE. Address: 1651 NW 6TH AVE. Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: POMPANO BEACH, FL 33060 Title: COO () Delete Title: (X) Change ( ) Addition SHOWERS, BESSIE Name: SHOWERS, BESSIE Name: Address: 4752 NW 6TH PL Address: 4752 NW 6TH PL City-St-Zip: POMPANO BEACH, FL 33063 City-St-Zip: POMPANO BEACH, FL 33063 Title: () Delete Title: () Change () Addition HEATH, WILLIE R Name: Name: 1651 NW 6TH AVE Address: Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: GRANISON, APRYL Name: 6356 WILLOWBAY CIRCLE Address: Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: Title: () Delete Title: () Change () Addition GRANISON, APRIL Name: Name: 6356 WILLOWBAY CIR Address: Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SCOTT, THERESA SCOTT, THERESA Name: Name: Address: 1684 NE 17TH AVE #1 Address: 1684 NE 17TH AVE #1 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BESSIE SHOWERS FS 02/07/2009