

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769025

**Entity Name:** NEW HORIZONS PROPERTIES, INC.

**Current Principal Place of Business:**

4300 SW 13TH ST.  
GAINESVILLE, FL 32608-4099

**Current Mailing Address:**

PO BOX 141750  
GAINESVILLE, FL 32614

**FEI Number:** 59-2318762

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

**Officer/Director Detail :**

Title P  
Name ALLEN, CHARLES  
Address P.O. BOX 140280  
City-State-Zip: GAINESVILLE FL 32614

Title TR  
Name LABARTA, MARGARITA  
Address 4300 SW 13TH STREET  
City-State-Zip: GAINESVILLE FL 32608

Title VP  
Name CASON, LILLIAN  
Address 1621 SE GILES MARTIN AVE  
City-State-Zip: LAKE CITY FL 32024

Title D  
Name DEBOLT, CHARLES  
Address 4300 SW 13TH STREET  
City-State-Zip: GAINESVILLE FL 32608

*I hereby 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 all other like empowered.*

**SIGNATURE:** CHARLES ALLEN

**BOARD CHAIRMAN**

**04/06/2016**

Electronic Signature of Signing Officer/Director Detail

Date