

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006461

Entity Name: NEW HORIZON COMMUNITY DEVELOPMENT CORPORATION,
INC.**FILED**
Jan 29, 2025
Secretary of State
5165047181CC**Current Principal Place of Business:**1518 NW 17TH AVE.
POMPANO BEACH, FL 33069**Current Mailing Address:**4752 NW 6TH PLACE
COCONUT CREEK, FL 33063 US**FEI Number: 31-1583031****Certificate of Status Desired: Yes****Name and Address of Current 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**Officer/Director Detail :**

Title	T
Name	HEATH, WILLIE RUTH
Address	1510 NW 17TH AVE
City-State-Zip:	POMPANO BEACH FL 33069

Title	S
Name	WALKER, KOTELIA
Address	2029 NW 14TH AVENUE
City-State-Zip:	FT. LAUDERDALE FL 33311

Title	DEACON
Name	FULLER, CLARENCE
Address	2850 NE 19TH STREET
City-State-Zip:	POMPANO BEACH FL 33064

Title	FS, IV. P
Name	SHOWERS, BESSIE
Address	4752 NW 6TH PL
City-State-Zip:	POMPANO BEACH FL 33063

Title	S
Name	GRANISON, APRYL
Address	6356 WILLOUGHBY CIRCLE
City-State-Zip:	LAKES WORTH FL 33963

Title	PRESIDENT
Name	SHOWERS, RAYFIELD
Address	4752 NW 6TH PLACE
City-State-Zip:	COCONUT CREEK FL 33063

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: BESSIE SHOWERS**REGISTERED AGENT****01/29/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date