

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 MAY -1 PM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **748492** (6)

1. Corporation Name

**NEW HORIZONS FOR COMMUNITY-BOUND INDIVIDUALS, IN C**

Principal Place of Business

Mailing Address

829 S.E. 12TH ST.  
HALEAH FL 33010

829 S.E. 12TH ST.  
HALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/10/1979** 3a. Date of Last Report **08/02/1994**

4. FEI Number **59-1931651** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **1340 S.E. 9th Avenue**

26 **1340 S.E. 9th Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Apartment #2**

27 **Apartment #2**

City & State

City & State

23 **Hialeah, FL 33010**

28 **Hialeah, Florida 33010**

Zip

Country

Zip

Country

24 **33010**

25 **Dade**

29 **33010**

30 **Dade**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRAUTHEIM, WILLIAM C  
12062 S.W. 117TH COURT  
SUITE 151  
MIAMI FL 33186**

81 Name **David A. Wolis, Esquire**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **18999 Biscayne Boulevard Suite 204A**  
84 City **North Miami Beach** FL 85 Zip Code **33180**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of old or present name of registered agent and title if applicable

**David Wolis**

(NOTE: Registered Agent signature required when reappointing)

DATE

**4/20/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO**  
NAME **KRAUTHEIM, WILLIAM C**  
STREET ADDRESS **12062 S.W. 117TH CT., SUITE 151**  
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE **P/D/S**  Change  Addition  
1.2 NAME **Krauthaim, William C**  
1.3 STREET ADDRESS **12062 S.W. 117th Ct., Suite 151**  
1.4 CITY - ST - ZIP **Miami, Florida 33186**

TITLE **TD**  
NAME **RAMSLAND, HARRY**  
STREET ADDRESS **50 MEADOWLAKE CIRCLE SOUTH**  
CITY - ST - ZIP **LAKE PLACID FL**

2.1 TITLE **D/T**  Change  Addition  
2.2 NAME **Ramsland, Harry**  
2.3 STREET ADDRESS **50 Meadowlake Circle South**  
2.4 CITY - ST - ZIP **Lake Placid, Florida**

TITLE **S**  
NAME **OTERO, CECILE MRS**  
STREET ADDRESS **829 S.E. 12TH ST.**  
CITY - ST - ZIP **HALEAH FL**

3.1 TITLE **D/V**  Change  Addition  
3.2 NAME **Smith, Betsy Dr.**  
3.3 STREET ADDRESS **67 N.W. 21st Street**  
3.4 CITY - ST - ZIP **Homestead, Florida 33030**

TITLE **D**  
NAME **SCHILLINGER, JACK**  
STREET ADDRESS **1225 N.E. 93 ST.**  
CITY - ST - ZIP **MIAMI FL**

4.1 TITLE **D/C**  Change  Addition  
4.2 NAME **Schillinger, Jack**  
4.3 STREET ADDRESS **1225 N.E. 93rd Street**  
4.4 CITY - ST - ZIP **Miami, Florida 33138**

TITLE **AD**  
NAME **ALDAMA, ED**  
STREET ADDRESS **829 S.E. 12TH ST.**  
CITY - ST - ZIP **HALEAH FL**

5.1 TITLE **AD**  Change  Addition  
5.2 NAME **Aldama, Ed**  
5.3 STREET ADDRESS **315 Navarre Avenue**  
5.4 CITY - ST - ZIP **Coral Gables, Florida 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE **D**  Change  Addition  
6.2 NAME **Wolis, David**  
6.3 STREET ADDRESS **2015 N.E. 197th Terr**  
6.4 CITY - ST - ZIP **North Miami Beach, FL 33179**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**D. Wolis**

**4/20 (30) 935-3131**