

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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, INC**



Principal Place of Business	Mailing Address
1340 S.E. 9TH AVENUE APARTMENT 2 HIALEAH FL 33010 US	1340 S.E. 9TH AVENUE APARTMENT # 2 HIALEAH FL 33010 US

3. Date Incorporated or Qualified <b>08/10/1979</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-1931651</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc. <b>Apartment 2</b>
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

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

**WOLIS, DAVID A ESQUIRE**  
**18999 BISCAYNE BLVD**  
**SUITE 204A**  
**NORTH MIAMI FL 33180**

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE **3/21/96**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PDS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KRAUTHAIM, WILLIAM C.</b>	
STREET ADDRESS	<b>12062 S.W. 117TH CT., SUITE 151</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RAMSLAND, HARRY</b>	
STREET ADDRESS	<b>50 MEADOWLAKE CIRCLE SOUTH</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>OTERO, CECILE MRS</b>	
STREET ADDRESS	<b>929 S.E. 12TH ST.</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHILLINGER, JACK</b>	
STREET ADDRESS	<b>1225 N.E. 93 ST.</b>	same
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>AD</b>	<input type="checkbox"/> DELETE
NAME	<b>ALDAMA, ED</b>	
STREET ADDRESS	<b>929 S.E. 12TH ST.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WOLIS, DAVID</b>	
STREET ADDRESS	<b>2015 N.E. 197TH TERRACE</b>	same
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Betsy Smith, PhD</b>	
1.3 STREET ADDRESS	<b>67 N.W. 21st Street</b>	
1.4 CITY-ST-ZIP	<b>Homestead, FL 33030</b>	
2.1 TITLE	<b>Secretary/Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Gustavo Macias</b>	
2.3 STREET ADDRESS	<b>c/o Metro Bank</b>	
2.4 CITY-ST-ZIP	<b>1390 S. Dixie Hwy, Coral Gables, FL33146</b>	
3.1 TITLE	<b>Executive-Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>1340-S.E.-9th-Avenue--Ed-Aldama</b>	
3.3 STREET ADDRESS	<b>Hialeah, Florida-33010</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>Executive Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**David A. Wolis, Esq.**

CR2E037 (12/95)