## FILE NOW: FILING FEE IS $61.25

| NONPROFIT CORPORATION ANNUAL REPORT 1998 | FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS |
|---|---|

**FILED**
**Feb 04 1998 8:00am**
**Secretary of State**

**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 APT. 2 HIALEAH FL 33010 US |

**3.** Date Incorporated or Qualified
08/10/1979

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

| 2. Principal Place of Business | | 2a. Mailing Address | |
|---|---|---|---|
| 21 | | 26 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | |
| City & State 23 | | City & State 28 | |
| Zip 24 | Country 25 | Zip 29 | Country 30 |

**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.** Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| WOLIS, DAVID A ESQUIRE 18999 BISCAYNE BLVD SUITE 204A NORTH MIAMI FL 33180 | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City       FL  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 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.     (NOTE: Registered Agent signature required when reinstating)        DATE

CR2E037 (10/97)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE P ☐ DELETE NAME SMITH, BETSY P STREET ADDRESS 67 N.W. 21ST STREET CITY-ST-ZIP HOMESTEAD FL | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE ST ☒ DELETE NAME MACIAS, GUSTAVO STREET ADDRESS % METRO BANK, 1390 S. DIXIE HWY CITY-ST-ZIP CORAL GABLES FL | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE DC ☐ DELETE NAME SCHILLINGER, JACK STREET ADDRESS 1225 N.E. 93 ST. CITY-ST-ZIP MIAMI FL | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE D ☐ DELETE NAME ALDAMA, ED STREET ADDRESS 929 S.E. 12TH ST. CITY-ST-ZIP CORAL GABLES FL | 4.1 TITLE D 4.2 NAME Aldama, Ed 4.3 STREET ADDRESS 1340 S.E. 9TH Avenue 4.4 CITY-ST-ZIP Hialean FL 33010 | | ☒ Change ☐ Addition |
| TITLE D ☐ DELETE NAME WOLIS, DAVID STREET ADDRESS 2015 N.E. 197TH TERRACE CITY-ST-ZIP NORTH MIAMI BEACH FL | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

**14.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED___        1/18/98        305-935-3131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR        Date        Daytime Phone #