


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 748492

1. Entity Name
NEW HORIZONS FOR COMMUNITY-BOUND INDIVIDUALS, INC



Principal Place of Business
1340 S.E. 9TH AVENUE
APT. 2
HIALEAH, FL 33010 US

Mailing Address
1340 S.E. 9TH AVENUE
APT. 2
HIALEAH, FL 33010 US

DO NOT WRITE IN THIS SPACE



02182004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1931651

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

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

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9. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPIRE, JACK 331 NW 32ND AVE. MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHILLINGER, MARJORIE 1225 NE 93 ST MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SCHILLINGER, JACK 1225 N.E. 93 ST. MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDAMA, ED 1340 S E 9TH AVE HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLIS, DAVID 19501 E COUNTY CLUB DR 9-505 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHILLINGER, MARJORIE 1225 NE 93 ST MIAMI, FL 33183

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 08/16/04-80003-023 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____