


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 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
 APARTMENT 2
 HIALEAH, FL 33010 US**

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

DO NOT WRITE IN THIS SPACE



05072007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1931651 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WOLIS, DAVID A ESQUIRE
 1340 S.E. 9TH AVENUE
 APT. 2
 HIALEAH, FL 33010**

DO NOT WRITE IN THIS SPACE

8. 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 14, 2007**

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 KATZENSTEIN, DAVID 1251 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOSTER, GORDON 7751 SW 131 STREET MIAMI, FL 33156
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

U00000763869
 05/30/07-80025-003 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ed Wolis, EXECUTIVE DIRECTOR **5/8/07** **305-887-1535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #