

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748492

FILED
Apr 02, 2010
Secretary of State

Entity Name: NEW HORIZONS FOR COMMUNITY-BOUND INDIVIDUALS, INC

Current Principal Place of Business:

1340 S.E. 9TH AVENUE
APARTMENT 2
HIALEAH, FL 33010 US

New Principal Place of Business:

Current Mailing Address:

1340 S.E. 9TH AVENUE
APARTMENT 2
HIALEAH, FL 33010 US

New Mailing Address:

FEI Number: 59-1931651 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: KATZENSTEIN, DAVID
Address: 1251 SAWGRASS CORPORATE PKWY
City-St-Zip: SUNRISE, FL 33323 US

Title: T
Name: THOMAS, CHERYL
Address: 10623 KENDALE BLVD
City-St-Zip: MIAMI, FL 33176 US

Title: DC
Name: SCHILLINGER, JACK
Address: 1225 N.E. 93 ST.
City-St-Zip: MIAMI, FL 33183 US

Title: VP
Name: CLARK, JOHN
Address: 9301 S.W. 92 AVE. #B416
City-St-Zip: MIAMI, FL 33176 US

Title: D
Name: WOLIS, DAVID
Address: 3550 N.W. 9 AVE.
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: S
Name: GRAY, VERA
Address: 333 BRANDY CREEK CIR. S.E.
City-St-Zip: PALM BAY, FL 32909 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATZENSTEIN, DAVID

P

04/02/2010

Electronic Signature of Signing Officer or Director

_____ Date