

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000454

FILED
Apr 15, 2008
Secretary of State

Entity Name: THE NEW PARADIGM FOUNDATION, INC.

Current Principal Place of Business:

1177 S. MCCALL ROAD
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

1177 S. MCCALL ROAD
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 65-1070765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, DAVID C
C/O INVESTORS CHOICE REAL ESTATE
1177 S. MCCALL RD
ENGLEWOOD, FL 34223 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: D () Delete
Name: NELSON, KATHLEEN
Address: 1177 S. MCCALL RD
City-St-Zip: ENGLEWOOD, FL 34223

Title: STD () Delete
Name: NELSON, DAVID C
Address: 1177 S. MCCALL RD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: COOPER, VINCENT J
Address: 1177 S. MCCALL RD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: RIGNEY, JAMES
Address: 1177 S. MCCALL RD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: WATTERS, WARREN
Address: 1177 S. MCCALL RD.
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: MORAN, DANA
Address: 1177 S. MCCALL RD.
City-St-Zip: ENGLEWOOD, FL 34224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN A. NELSON

D

04/15/2008

Electronic Signature of Signing Officer or Director

Date