


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2007 8:00 am
Secretary of State

08-10-2007 90047 021 ****70.00

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| DOCUMENT # N06000007486 | |  | |
| 1. Entity Name NEW JOURNEYS TRANSITIONAL HOME, INC. | | | |
| Principal Place of Business 328 NORTHEAST 54TH STREET APT 2 MIAMI, FL 33137 US | | Mailing Address 328 NORTHEAST 54TH STREET APT 2 MIAMI, FL 33137 US | |
| 2. Principal Place of Business - No P.O. Box # 3146 NW 45th St. Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State Miami, FL | | City & State | |
| Zip 33142 | Country US | Zip | Country |
| 6. Name and Address of Current Registered Agent CUMMINGS-GRAYSON & CO., P.A. 915 NORTHWEST 1ST AVENUE BAY 3A MIAMI, FL 33136 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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: _____ <small>Signature, typed or printed name of registered agent and filer (applicable)</small> | | DATE: _____ <small>(NOTE: Registered Agent signature required when registering)</small> | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE P | BOSTON, QUENIKA <input checked="" type="checkbox"/> Delete | TITLE CEO/Founder <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 328 NORTHEAST 54TH STREET APT 2 | NAME | Quenika Boston |
| STREET ADDRESS | MIAMI, FL 33137 | STREET ADDRESS | 328 NE 54th St, Apt #2 |
| CITY - ST - ZIP | | CITY - ST - ZIP | Miami, FL 33137 |
| TITLE VP | COLE, KATHY <input checked="" type="checkbox"/> Delete | TITLE ED: Executive Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 328 NORTHEAST 54TH STREET APT 2 | NAME | Kathy Cole |
| STREET ADDRESS | MIAMI, FL 33137 | STREET ADDRESS | 328 NE 54th St, Apt #2 |
| CITY - ST - ZIP | | CITY - ST - ZIP | Miami, FL 33137 |
| TITLE T | BOSTON, QUENIKA <input checked="" type="checkbox"/> Delete | TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 328 NORTHEAST 54TH STREET APT 2 | NAME | Ana Rodriguez-Lepero |
| STREET ADDRESS | MIAMI, FL 33137 | STREET ADDRESS | 2870 SW 120th Rd. |
| CITY - ST - ZIP | | CITY - ST - ZIP | Miami, FL 33175 |
| TITLE S | COLE, KATHY <input checked="" type="checkbox"/> Delete | TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 328 NORTHEAST 54TH STREET APT 2 | NAME | Sharon Willis |
| STREET ADDRESS | MIAMI, FL 33137 | STREET ADDRESS | 16101 NW 18th Place |
| CITY - ST - ZIP | | CITY - ST - ZIP | Miami, FL 33054 |
| TITLE | <input checked="" type="checkbox"/> Delete | TITLE Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | Maydelin Castillo |
| STREET ADDRESS | | STREET ADDRESS | 4020 W. Flagler Street, Apt. #3 |
| CITY - ST - ZIP | | CITY - ST - ZIP | Miami, FL 33177-3970 |
| TITLE | <input checked="" type="checkbox"/> Delete | TITLE Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | NAME | Shelia Lassiter |
| STREET ADDRESS | | STREET ADDRESS | 546 NW 19th St. |
| CITY - ST - ZIP | | CITY - ST - ZIP | Miami, FL |
| 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: <u>Quenika Boston</u> <u>Quenika Boston</u> | | Date: <u>7/26/07</u> | Printed Name: <u>(707) 372-0970</u> |