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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 748492

1. Corporation Name

NEW HORIZONS FOR COMMUNITY-BOUND INDIVIDUALS, IN  
C

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

08/10/1979

4. FEI Number

59-1931651

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SMITH, BETSY P  
STREET ADDRESS 67 N.W. 21ST STREET  
CITY-ST-ZIP HOMESTEAD FL

TITLE ST ☒ DELETE

NAME MACIAS, GUSTAVO  
STREET ADDRESS % METRO BANK, 1390 S. DIXIE HWY  
CITY-ST-ZIP CORAL GABLES FL

TITLE DC ☐ DELETE

NAME SCHILLINGER, JACK  
STREET ADDRESS 1225 N.E. 93 ST.  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME ALDAMA, ED  
STREET ADDRESS 1340 S E 9TH AVE  
CITY-ST-ZIP HIALEAH FL 33010

TITLE D ☐ DELETE

NAME WOLIS, DAVID  
STREET ADDRESS 2015 N.E. 197TH TERRACE  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99 305-935-3131

Date

Daytime Phone #

CR2E037 (1/1/98)