	Electronic Signature of Registered Agent		
Officer/Director Detail :			
Title	ST	Title	Ρ
Name	MORGANSTEIN, LINDA	Name	ALI, YUSEF
Address	5980 SHORE BLVD S #607	Address	2042 20TH ST S
City-State-Zip:	GULFPORT FL 33707	City-State-Zip:	ST PETERSBURG FL 33705
Title	С		
Name	O'DOM, FRANZ		
Address	10413 ORANGE BLOSSOM LN		

202 CRYSTAL GROVE BLVD LUTZ, FL 33548 US

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:

# **Current Principal Place of Business:**

DOCUMENT# N11000010899

601 49TH ST N ST. PETERSBURG, FL 33710

### **Current Mailing Address:**

601 49TH ST N ST. PETERSBURG. FL 33710

## FEI Number: 45-3863121

# Name and Address of Current Registered Agent:

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: A NEW DIRECTION FOR WOMEN & MEN, INC.

MAGNUS FLAWS & CO, CPA'S. P.A.

City-State-Zip: SEMINOLE FL 33772

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: YUSEF ALI

Date

Electronic Signature of Signing Officer/Director Detail

FILED Jun 14, 2013 Secretary of State CC3963791766

Certificate of Status Desired: No

Ρ