2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000006560

Entity Name: A NEW DIRECTION: BREAKING THE CYCLE OF POVERTY INC.

FILED Apr 29, 2023 **Secretary of State** 9163140191CC

Current Principal Place of Business:

320 1ST STREET N **SUITE #612**

JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

320 1ST STREET N **SUITE #612** JACKSONVILLE BEACH, FL 32250

FEI Number: 45-3963351 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JOHNSON, JEFKIDA L 320 1ST STREET N **SUITE # 612**

JACKSONVILLE BEACH, FL 32250 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title

Name JOHNSON, JEFKIDA Name SIMPKINS, REGINALD

Address 320 1ST STREET N Address 320 1ST STREET N **SUITE #612**

SUITE #612

City-State-Zip: JACKSONVILLE BEACH FL 32250 City-State-Zip: JACKSONVILLE BEACH FL 32250

Title **OTHER** Title **SECRETARY** Name ALEXANDER, ANTHONY Name THOMAS, KEISHA

Address 320 1ST STREET N Address 320 1ST STREET N

> **SUITE #612 SUITE #612**

City-State-Zip: JACKSONVILLE BEACH FL 32250 City-State-Zip: JACKSONVILLE BEACH FL 32250

Title **CHAIRMAN** ELLIS, ERIC Name

Address 320 1ST STREET N

SUITE # 612

City-State-Zip: JACKSONVILLE BEACH FL 32250

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.