

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756184

FILED
Jan 14, 2009
Secretary of State

Entity Name: NEW HORIZONS COMMUNITY MENTAL HEALTH CENTER, INC

Current Principal Place of Business:

1469 NW 36TH STREET
MIAMI, FL 33142 US

New Principal Place of Business:

Current Mailing Address:

1469 NW 36TH STREET
MIAMI, FL 33142 US

New Mailing Address:

FEI Number: 59-2055751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CROSKEY, LUVERNICE PHD
1469 NW 36TH STREET
MIAMI, FL 33142 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: PD () Delete
Name: KELLEY, WILLIAM M
Address: 1469 NW 36TH STREET
City-St-Zip: MIAMI, FL 33142

Title: VD () Delete
Name: MACK, JAMAL
Address: 1469 NW 36TH STREET
City-St-Zip: MIAMI, FL 33142

Title: TD () Delete
Name: BALTAGI, LABIB
Address: 1469 N.W. 36TH ST
City-St-Zip: MIAMI, FL 33142

Title: SD () Delete
Name: HOLLAND, LESLIE
Address: 1469 N.W. 36TH ST
City-St-Zip: MIAMI, FL 33142

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: SD (X) Change () Addition
Name: JONES-WILFORK, BOBBIE
Address: 1469 N.W. 36TH ST
City-St-Zip: MIAMI, FL 33142

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: LUVERNICE CROSKEY

CEO

01/14/2009

Electronic Signature of Signing Officer or Director

Date