

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756184

**FILED**  
**Jan 04, 2010**  
**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  
Name: KELLEY, WILLIAM M  
Address: 1469 NW 36TH STREET  
City-St-Zip: MIAMI, FL 33142

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

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

Title: SD  
Name: JONES-WILFORK, BOBBIE  
Address: 1469 N.W. 36TH ST  
City-St-Zip: MIAMI, FL 33142

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: WILLIAM M KELLEY

PD

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date