

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000086

FILED
Apr 03, 2009
Secretary of State

Entity Name: N.E.W. COMMUNITY DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

3809 N. ANDREWS AVENUE
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

3809 N. ANDREWS AVENUE
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-1011939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXIME, KEDNER
3809 N. ANDREWS AVENUE
FORT LAUDERDALE, FL 33309 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: D () Delete
Name: OBAS, FRTIZ
Address: 740 NW 7 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: NICOLAS, MICHEL PASTOR
Address: 121 NE 23RD COURT
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: ETIENNE, SEDNEY
Address: 5731 NE 18 AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: D () Delete
Name: GUERRIER, THALUSNER
Address: 121 NE 23RD COURT
City-St-Zip: FT. LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OBAS, FRITZ
Address: 740 NW 7 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KEDNER MAXIME

PSDT

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date