

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000086

FILED
May 04, 2010
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MAXIME, KEDNER
3809 N. ANDREWS AVENUE
FORT LAUDERDALE, FL 33309 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

OFFICERS AND DIRECTORS:

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

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

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

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

Title: PSD
Name: KEDNER, MAXIME
Address: 120 NW 43RD STREET
City-St-Zip: OAKLAND PARK, FL 33309

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: KEDNER MAXIME

PSD

05/04/2010

Electronic Signature of Signing Officer or Director

Date