

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90243 007 ****61.25

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1. Entity Name

NEW HORIZONS CHILDREN FOUNDATION, INC.



Principal Place of Business

**PO BOX 960549
MIAMI FL 33296**

Mailing Address

**PO BOX 960549
MIAMI FL 33296**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0540508

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUEDEKING, CLAUDIA
9711 W CALUSA CLUB DR
MIAMI FL 33186**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: PCEO ☐ Delete
NAME: LUEDEKING, CLAUDIA
STREET ADDRESS: 9711 W CALUSA CLUB DR
CITY-ST-ZIP: MIAMI FL 33186

TITLE: DT ☐ Delete
NAME: CASANOVA, DORIS
STREET ADDRESS: 6327 SW 127 CT
CITY-ST-ZIP: MIAMI FL 33183

TITLE: DS ☒ Delete
NAME: ARGUELLO, PATRICIA
STREET ADDRESS: 9324 SW 151 AVE
CITY-ST-ZIP: MIAMI FL 33196

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: V (Vice President) ☐ Change ☒ Addition
NAME: Arquello, Patricia
STREET ADDRESS: 9324 SW 151 Avenue
CITY-ST-ZIP: Miami, FL 33196

TITLE: S (Secretary) ☐ Change ☒ Addition
NAME: Thelma Chavez
STREET ADDRESS: 9633 S.W. 134 Place
CITY-ST-ZIP: Miami, FL 33186

TITLE: Director of Fundraising ☐ Change ☒ Addition
NAME: Albalola Urtecho
STREET ADDRESS: 221 W. Park Drive #204, #
CITY-ST-ZIP: Miami, FL 33192

TITLE: Director of Publicity ☐ Change ☒ Addition
NAME: Helba Solis
STREET ADDRESS: 5100 SW 102 Court
CITY-ST-ZIP: Miami, FL 33165

TITLE: Director of Marketing ☐ Change ☒ Addition
NAME: Ms Eugenia Padilla
STREET ADDRESS: 5702 SW 140 Avenue
CITY-ST-ZIP: Miami, FL 33183

TITLE: Director of Public Relations ☐ Change ☒ Addition
NAME: Gina ~~Sa~~ sacasa-Ross
STREET ADDRESS: 6625 Santana Street
CITY-ST-ZIP: Coral Gables, FL 33146

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with a power like empowered.

SIGNATURE: **Claudia Luedeking** **April 28, 06** **305-310-4289**