

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90016 005 ****61.25

DOCUMENT # N02000007337

1. Entity Name

NEW HORIZONS CHILDREN FOUNDATION, INC.



Principal Place of Business

Mailing Address

PO BOX 960549
MIAMI FL 33296

PO BOX 960549
MIAMI FL 33296

2. Principal Place of Business - No P.O. Box #

9711 W. Calusa Club Dr.

3. Mailing Address

P.O. Box 163426

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami, FL

Zip

33186

Country

USA

Zip

33116-3426

Country

4. FEI Number

05-0540508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

LUEDEKING, CLAUDIA
9711 W CALUSA CLUB DR
MIAMI FL 33186

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2008

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

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

TITLE V
NAME ARGUELLO, PATRICIA ☐ Delete
STREET ADDRESS 9324 SW 151 AVE
CITY-ST-ZIP MIAMI FL 33196

TITLE S
NAME CHAVEZ, THELMA ☐ Delete
STREET ADDRESS 9633 SW 134 PLACE
CITY-ST-ZIP MIAMI FL 33186

TITLE D
NAME URTECHO, ALBALOLA ☐ Delete
STREET ADDRESS 221 W PARK DR #204 W
CITY-ST-ZIP MIAMI FL 33172

TITLE D
NAME SOLIS, MELBA ☐ Delete
STREET ADDRESS 5100 SW 102 CT
CITY-ST-ZIP MIAMI FL 33165

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 any address with all other like empowered.

SIGNATURE:

Claudia Luedeking

2/14/2008

305-746-4462