

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007337

FILED
Feb 02, 2009
Secretary of State

Entity Name: NEW HORIZONS CHILDREN FOUNDATION, INC.

Current Principal Place of Business:

9711 W CALUSA CLUB DR
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

PO BOX 163426
MIAMI, FL 33116

New Mailing Address:

FEI Number: 05-0540508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUEDEKING, CLAUDIA
9711 W CALUSA CLUB DR
MIAMI, FL 33186 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: PCEO () Delete
Name: LUEDEKING, CLAUDIA
Address: 9711 W CALUSA CLUB DR
City-St-Zip: MIAMI, FL 33186

Title: DT () Delete
Name: CASANOVA, DORIS
Address: 6327 SW 127 CT
City-St-Zip: MIAMI, FL 33183

Title: V () Delete
Name: ARGUELLO, PATRICIA
Address: 9324 SW 151 AVE
City-St-Zip: MIAMI, FL 33196

Title: S () Delete
Name: CHAVEZ, THELMA
Address: 9633 SW 134 PLACE
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: URTECHO, ALBALOLA
Address: 221 W PARK DR #204 W
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: SOLIS, MELBA
Address: 5100 SW 102 CT
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
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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: CLAUDIA LUEDEKING

PCEO

02/02/2009

Electronic Signature of Signing Officer or Director

Date