

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

03-27-2007 90001 023 ***105.00

DOCUMENT # N06000011531 1. Entity Name NEW HORIZONS COMMUNITY SERVICES, INC			
Principal Place of Business 8100 BELVEDERE ROAD UNIT #7 WEST PALM BEACH, FL 33411		Mailing Address 8100 BELVEDERE ROAD UNIT #7 WEST PALM BEACH, FL 33411	
2. Principal Place of Business - No P.O. Box # 4120 EMERALD VISTA Suite, Apt. #, etc.		3. Mailing Address 4120 EMERALD VISTA Suite, Apt. #, etc.	
City & State LAKE WORTH FL Zip 33461		City & State LAKE WORTH FL Zip 33461	
4. FEI Number 20-5840658		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		03062007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BEDOYA, OSCAR SR. 8100 BELVEDERE ROAD UNIT #7 WEST PALM BEACH, FL 33411		7. Name and Address of New Registered Agent Name: RUTH E MORA - President Street Address (P.O. Box Number is Not Acceptable) 4120 EMERALD VISTA City: LAKE WORTH FL Zip Code: 33461	
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: <i>Ruth E Mora</i> Signature, typed or printed name of registered agent and title if applicable.		DATE: 03-11-07 (NOTE: Registered Agent signature required when reappointing)	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	P MORA, RUTH E 9513 LAGO DRIVE BOYNTON BEACH, FL 33437	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BEDOYA, MARIA V 9205 CITRUS ISLE LANE LAKE WORTH, FL 33467	☒ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BEDOYA, OSCAR SR. 9205 CITRUS ISLE LANE LAKE WORTH, FL 33467	☒ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Shari M Beltran 4120 EMERALD VISTA LAKE WORTH FL 33461	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Johnathan Beltran 4120 EMERALD VISTA LAKE WORTH FL 33461	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowerment.			
SIGNATURE: <i>Ruth E Mora</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 03-11-07 Date Daytime Phone #	