

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008462

FILED  
Sep 19, 2012  
Secretary of State

**Entity Name:** NEW DIRECTION TRANSITIONAL SERVICES, INC.

**Current Principal Place of Business:**

1711 SW 7TH PLACE  
OCALA, FL 34471

**New Principal Place of Business:**

829 NW 13TH AVENUE  
OCALA, FL 34475

**Current Mailing Address:**

P. O. BOX 2244  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 61-1623249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOCKENBERRY, BEVERLY  
1711 SW 7TH PLACE  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

HOCKENBERRY, BEVERLY  
829 NW 13TH AVNUE  
OCALA, FL 34475 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: BEVERLY HOCKENBERRY

09/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HOCKENBERRY, BEVERLY  
Address: 829 NW 13TH AVNUE  
City-St-Zip: Ocala, FL 34475

Title: DVP  
Name: BASS, GWEN  
Address: 5431 NE 35TH STREET  
City-St-Zip: SILVER SPRINGS, FL 34488 US

Title: DS  
Name: BROWN, JACALYN  
Address: 1910 NW 24TH COURT  
City-St-Zip: Ocala, FL 34475 US

Title: DSGT  
Name: HOCKENBERRY, DONALD  
Address: 829 NW 13TH AVNUE  
City-St-Zip: Ocala, FL 34475 US

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: BEVERLY HOCKENBERRY

DP

09/19/2012

Electronic Signature of Signing Officer or Director

Date