

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N20689** (8)

1. Corporation Name

**NEW HORIZONS GROUP HOME #1, INC.**



Principal Place of Business

**1469 N.W. 36 STREET  
MIAMI FL 33142**

Mailing Address

**1469 N.W. 36 STREET  
MIAMI FL 33142**

3. Date Incorporated or Qualified

**05/18/1987**

3a. Date of Last Report

**06/06/1995**

4. FEI Number

**59-2801877**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOVARNICK, BENNETT  
2200 CORPORATE BLVD NW  
SUITE 303  
BOCA RATON FL 33431**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Bennett Bennett*

(NOTE: Registered Agent signature required when reinstating)

DATE

**6/11/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD BARNES, OPHELIA**  
STREET ADDRESS **1200 N.W. 77 TERRACE**  
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE ☒ DELETE  
NAME **VD ADKER, MARIE ANN**  
STREET ADDRESS **407 N.E. 5TH STREET**  
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE **VICE PRESIDENT (VD)** ☐ Change ☒ Addition  
2.2 NAME **EVALINA W. BESTMAN, PH.D.**  
2.3 STREET ADDRESS **9230 N.W. 13th COURT**  
2.4 CITY - ST - ZIP **MIAMI, FLORIDA 33150**

TITLE ☐ DELETE  
NAME **D DORTA, GONZALO**  
STREET ADDRESS **999 PONCE DE LEON BLVD**  
CITY - ST - ZIP **CORAL GABLES FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*EVALINA W. BESTMAN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**EVALINA W. BESTMAN, V-D**

Date

Daytime Phone #

**6-19-96 (305) 235-0366**

CR2E037 (3/96)