FILE NOW: FILING FEE IS \$61.25

NONPROFIT . CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT #

N95000000911 (6)

Mailing Address

A NEW HORIZON, COUNSELING SERVICES INC.

r molpair lace of business	Mailing Address		
5455 EDGERTON AVE	5455 EDGERTON A		
LAKE WORTH FL 33463	LAKE WORTH FL 3		

FILED Feb 13 1997 8:00am Secretary of State



i mogali ido	0 01 840111055	Maining Address						
5455 EDGERTON AVE LAKE WORTH FL 33463		5455 EDGERTON AVE LAKE WORTH FL 33463-63	77R					
CARL HOME	L 35400	DARE WOMEN TE SOFOO OF	,,,					
					3. Date Incorporated or Qualified 02/24/1995	3a. Date of La 04/17		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1 0,1,1	,	
 , '	acc of Bearless	—			65-0564008	-	Applied For	
21		•		00.75		Not Applicable		
27 Suite, Apt. #, etc.		<u> </u>			5. Certificate of Status Desired	7	\$8.75 Additional Fee Required	
City & State City & State				6. Election Campaign Financing	¢5	00 May Be		
23		28			Trust Fund Contribution		ded to Fees	
Zıp	Country	Zip	Country		8. This corporation has liability for i			
24	25	29	30			Yes No	01 3. 105.002,	
=:1	9. Name and Address of Curren		,001		10. Name and Address of New Re			
			81	Name		<u> </u>		
MADCH	LACKE							
	S, JACK E GERTON AVE		82	Street Ad	ddress (P.O. Box Number is Not Acceptab	le)		
	ORTH FL 33463		63					
			84	City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617,1508. Florida Statut	tes, the above	e-named co	orporation submits this statement for the p	urnose of changi	no its registered	
office or re	egistered agent, or both, in the State	of Florida. Such change was:	authorized by	the corpor	ration's board of directors. I hereby accep	t the appointmen	t as registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 617,0503, Fi	iorida Statutes	S.				
SIGNATURE _								
	Signature, typed or printed name of registered age OFFICERS ANS		13.	ent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DISEO	TODO 11. 40	
12.		DELETE		1	_			
TITLE	D AMBOUG OTERUEN D	L_ DECEIE	1.1 TITLE		P, S	L Char	nge L. Addition	
NAME	MARCUS, STEPHEN D		1.2 NAME	1	· / -			
STREET ADDRESS	5455 EDGERTON AVE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL 33463		1.4 CITY - S	T-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE	1	1 —	: 🔲 Char	nge 🔲 Addition	
NAME	MARCUS, JACK E		2.2 NAME	' '	<i>(</i>) <i>(</i>			
STREET ADDRESS	5455 EDGERTON AVE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL 33463		2.4 CITY-S	ST-ZIP		:		
TITLE	D	DELETE	3.1 TITLE		^	Char	nge 🔲 Addition	
NAME	MARCUS, HAROLD		3.2 NAME					
STREET ADDRESS	5455 EDGERTON AVE		3.3 STREET	ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL 33463		3.4. CITY - S					
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NAME	•	C Descrit					An The Manual I	
· ·			4. 2 NAME	I D D D C C C				
STREET ADDRESS			4.3 STREET					
CITY - ST - ZIP		T DELETE	4.4 CITY - S	T - ŽIP				
TITLE		☐ DELETE	5.1 TITLE			Char	nge 🛄 Addition	
NAME			5.2 NAME			١.	. 1.2	
STREET ADDRESS			5.3 STREET	ADDRESS		\mathcal{Y}	$\langle \ \ \gamma \lambda \rangle /$	
CITY-ST-ZIP			5.4 CITY - S	T - ZIP		^) Y\'(
TITLE		☐ DELETE	6.1 TITLE		00000208	71 H Char	nge Addition	
NAME			6.2 NAME		00000208 -02/13/970104	4048		
STREET ADDRESS			6.3 STREET	ADDRESS	***70.00			
CITY-ST-ZIP			6.4 CITY - S		wast 10 * 700			
			_ S					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.