

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002115

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: NEW DIRECTION INSTITUTE, INCORPORATED

## Current Principal Place of Business:

6730 WEST COMMERCIAL BLVD.  
LAUDERHILL, FL 33319 US

## New Principal Place of Business:

## Current Mailing Address:

6730 WEST COMMERCIAL BLVD.  
LAUDERHILL, FL 33319 US

## New Mailing Address:

FEI Number: 65-0659008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BROOKS, LEIGHTON  
6730 WEST COMMERCIAL BLVD  
LAUDERHILL, FL 33319 US

## Name and Address of New Registered Agent:

BROOKS, LEIGHTON DR  
6730 WEST COMMERCIAL BLVD  
LAUDERHILL, FL 33319 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: DR. LEIGHTON BROOKS

04/01/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BROOKS, LEIGHTON MD  
Address: 7111 NW 46 CT  
City-St-Zip: LAUDERHILL, FL 33319

Title: T ( ) Delete  
Name: MARSH, CAROL  
Address: 5435 NW 10TH CT #207  
City-St-Zip: PLANTATION, FL 33313

Title: DS ( ) Delete  
Name: BELL, HILDA  
Address: 8701 WILES RD #308  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: C ( ) Delete  
Name: OSMOND HOLTHAM,  
Address: 11530 NW 41 STREET  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BROOKS, LEIGHTON MD  
Address: 7111 NW 46 CT  
City-St-Zip: LAUDERHILL, FL 33319

Title: VP (X) Change ( ) Addition  
Name: HAMILTON, JAMES  
Address: 5930 SABLE GLEN  
City-St-Zip: COLLEGE PARK, GA 30349

Title: T (X) Change ( ) Addition  
Name: BELL, HILDA  
Address: 8701 WILES RD #308  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: C (X) Change ( ) Addition  
Name: HYLTON, JENNIFER  
Address: 5257 NW 29TH CT  
City-St-Zip: MARGATE, FL 33063

Title: S ( ) Change (X) Addition  
Name: ALVARADO, MAGALY  
Address: 1504 NW 5TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33319

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: DR. LEIGHTON BROOKS

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date