

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 06, 2009
Secretary of State

DOCUMENT# N96000002115

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 ()****Name and Address of Current Registered Agent:**BROOKS, LEIGHTON DR
6730 WEST COMMERCIAL BLVD
LAUDERHILL, FL 33319 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: BROOKS, LEIGHTON MD
Address: 7111 NW 46 CT
City-St-Zip: LAUDERHILL, FL 33319**Title:** VP () Delete
Name: HAMILTON, JAMES
Address: 5930 SABLE GLEN
City-St-Zip: COLLEGE PARK, GA 30349**Title:** T () Delete
Name: BELL, HILDA
Address: 8701 WILES RD #308
City-St-Zip: CORAL SPRINGS, FL 33067**Title:** C () Delete
Name: HYLTON, JENNIFER
Address: 5257 NW 29TH CT
City-St-Zip: MARGATE, FL 33063**Title:** S () Delete
Name: ALVARADO, MAGALY
Address: 1504 NW 5TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33319**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** M () Change (X) Addition
Name: BROOKS, GRACE
Address: 6730 WEST COMMERCIAL BLVD
City-St-Zip: LAUDERHILL, 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

10/06/2009

Electronic Signature of Signing Officer or Director

Date