


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000000861	
1. Entity Name NEW CENTURY INSTITUTE, INC.	

Principal Place of Business 205 S. EOLA DRIVE ORLANDO, FL 32801	Mailing Address 3180 BISCAYNE BOULEVARD MIAMI, FL 33137
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DO NOT WRITE IN THIS SPACE



02172004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GISSSEN, MATTHEW
3180 BISCAYNE BOULEVARD
MIAMI, FL 33137

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000059130 02/20/04-80068-022 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, PHILIP 555 STOCKTON ST. JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMILTON, NANCY L 6655 66TH ST N. PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, DICK 205 S. EOLA DR. ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GISSSEN, MATTHEW J.D. 3180 BISCAYNE BOULEVARD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OLK, THOMAS M.S. 3333 WEST PENSACOLA STREET TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD CANTLEY, ERNEST PHD 3875 TIGER BAY ROAD DAYTONA BEACH, FL 33124

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MATTHEW GISSSEN** 2/17/04 305571264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #