

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000862

1. Corporation Name

NEW DIMENSIONS FAMILY SERVICES, INC.

Principal Place of Business

7398 NW 49TH PL
LAUDERHILL FL 33319

Mailing Address

7398 NW 49TH PL
LAUDERHILL FL 33319

FILED

99 DEC 23 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



510099 90081010 \$61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1631 NW 38 Ave	26 1631 NW 38 Ave	02/12/1998
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
		65-0809631
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Lauderhill FL	Lauderhill FL	
24 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
33311	33311	
25 Country	30 Country	
USA	USA	

9. Name and Address of Current Registered Agent

ROBERTSON, SHIRLEY
7398 NW 49TH PL
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name ROBERTSON Shirley
82 Street Address (P.O. Box Number is Not Acceptable)
1631 NW 38 Ave
83
84 City Lauderhill FL 85 Zip Code 33311

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/13/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	ROBERTSON, SHIRLEY
NAME	ROBERTSON, SHIRLEY	1.2 NAME	1631 NW 38 Ave
STREET ADDRESS	7398 NW 49TH PL	1.3 STREET ADDRESS	Lauderhill FL 33311
CITY-ST-ZIP	LAUDERHILL FL 33319	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	SAUNDERS, MUNROE R SR	2.2 NAME	
STREET ADDRESS	3002 N. HILTON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21216	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	MARTIN, ROMAINE
NAME	MARTIN, ROMAINE	3.2 NAME	University of Miami
STREET ADDRESS	C/O UNIVERSITY OF MIAMI, 5801 RED RD.	3.3 STREET ADDRESS	4069 NW 16th St
CITY-ST-ZIP	CORAL GABLES FL 33143	3.4 CITY-ST-ZIP	LAUDERDALE FL 33313
TITLE		4.1 TITLE	Henry S. Fernandez
NAME		4.2 NAME	4069 NW 16th St
STREET ADDRESS		4.3 STREET ADDRESS	Lauderhill FL 33313
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Harold Williams
NAME		5.2 NAME	7398 NW 49th Pl
STREET ADDRESS		5.3 STREET ADDRESS	Lauderhill FL 33319
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	BOOTH, H.M. (DOLL)
NAME		6.2 NAME	359 NW 81 TER
STREET ADDRESS		6.3 STREET ADDRESS	CORAL SPRINGS FL 33071
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/99

(954) 584-1500

CR2E037 (5/99)

NEW DIMENSIONS FAMILY SERVICES

DETERMINED TO MAKE A DIFFERENCE

2

December 22, 1999

Department of State
Reinstatement Department
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

With reference to our phone conversation today regarding the status of New Dimensions Annual Report filing. Once again we are sending by Fed Ex another completed application for your processing. As per our conversation, you have verified receipt and processing of our check in the amount of \$61.25 dated April 29, 1999. After sending a second completed application of October 13, 1999, we are yet to be reinstated. Therefore, we are sending to you, a third attempt to cure this problem.

We therefore look forward to having this problem resolved within 3-5 days as per your information.

Thanking you in advance.

Respectfully,



Shirley Robertson
President/CEO

1631 NW 38TH AVENUE
SUITE #3
LAUDERHILL, FLORIDA 33311
954-587-1500
954-316-1180
NDFS1500@AOL.COM