

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001271

FILED
Mar 03, 2009
Secretary of State

Entity Name: NEW DIMENSIONS ELDERLY CARE SERVICES CORP.

Current Principal Place of Business:

3911 WINDSOR AVE.
W. PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

3911 WINDSOR AVE.
W. PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-0904204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAPP, ARTELA
3911 WINDSOR AVE.
W. PALM BEACH, FL 33407 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: D () Delete
Name: SAPP, ARTELA
Address: 3911 WINDSOR AVE.
City-St-Zip: W. PALM BEACH, FL 33407

Title: D () Delete
Name: WILLIAMS, DENISE
Address: 1621 W. 37TH ST.
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: STEWART, SARA
Address: 101 WEDGEWOOD DR.
City-St-Zip: RIVIERA BEACH, FL 33404

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:

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: ARTELA SAPP

PRES

03/03/2009

Electronic Signature of Signing Officer or Director

Date