

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000086

Entity Name: N.E.W. COMMUNITY DEVELOPMENT CENTER, INC.**Current Principal Place of Business:**3809 N. ANDREWS AVENUE
FORT LAUDERDALE, FL 33309**Current Mailing Address:**3809 N. ANDREWS AVENUE
FORT LAUDERDALE, FL 33309**FEI Number:** 65-1011939**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAXIME, KEDNER
3809 N. ANDREWS AVENUE
FORT LAUDERDALE, FL 33309 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	MAXIME, WEIDNER
Address	120 NW 43RD STREET
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	D
Name	MOSS, PETER F PHD
Address	4970 SW 7TH STREET
City-State-Zip:	POMPANO BEACH FL 33068

Title	D
Name	GUERRIER, THALUSNER
Address	121 NE 23RD COURT
City-State-Zip:	FT. LAUDERDALE FL 33311

Title	PSD
Name	KEDNER, MAXIME
Address	120 NW 43RD STREET
City-State-Zip:	OAKLAND PARK FL 33309

Title	D
Name	PRIVAT, FRITZ
Address	7664 NW 5TH STREET BLDG 1H
City-State-Zip:	PLANTATION FL 33324

I hereby 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 all other like empowered.

SIGNATURE: KEDNER MAXIME**PRESIDENT****04/30/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date