

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011117

FILED  
Mar 17, 2011  
Secretary of State

**Entity Name:** NEW HORIZON 4 YOUTH & FAMILIES, INC.

**Current Principal Place of Business:**

4823 SILVER STAR RD  
190  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

4823 SILVER STAR RD  
190  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:** 51-0610169

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIQUANT, WISSEL  
4823 SILVER STAR RD  
190  
ORLANDO, FL 32808 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: CHRM  
Name: PIQUANT, WISSEL  
Address: 2197 EL MARRA DR  
City-St-Zip: OCOEE, FL 34761

Title: VCHR  
Name: CAYO, PAULETTE  
Address: 13744 EDEN ISLE BLVD.  
City-St-Zip: WINDERMERE, FL 34786

Title: SD  
Name: ANTOINE, PATRICK  
Address: 4705 ALMARK DR  
City-St-Zip: ORLANDO, FL 32839

Title: TD  
Name: BAUVIL, LEJEUNE  
Address: 11218 DORMER WAY  
City-St-Zip: ORLANDO, FL 32837

Title: MBR  
Name: WILLIAM, PAULA  
Address: 4000 SANTA BARBARA RD  
City-St-Zip: KISSIMMEE, FL 34746 US

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: WISSEL PIQUANT

PRES

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date