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W10000059351



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11 FEB 23 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 2/23

## COVER LETTER

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

SUBJECT: New Horizons inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jacqueline Louise Scriven  
Name (Printed or typed)

366 Beaumont Avenue  
Address

Kissimmee Florida 34714  
City, State & Zip

407-288-4269  
Daytime Telephone number

Scriven Jackre 34@yahoo.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 27, 2010

JACQUELINE LOUISE SCIVEN  
366 BEAUMONTE AVENUE  
KISSIMMEE, FL 34714

SUBJECT: NEW HORIZONS INC.  
Ref. Number: W10000059351

We have received your document for NEW HORIZONS INC. and your check(s) totaling \$80.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 910A00029816

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: NEW HORIZONS OF KISSIMMEE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
508 KOALA DRIVE  
KISSIMMEE, FL 34759

Mailing address, if different is:  
508 KOALA DRIVE  
KISSIMMEE, FL 34759

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To give first time juvenile offenders/kids a chance to redeem themselves  
and to send a productive/certified individual back into the community.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

AS STATED IN THE BY-LAWS

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jacqueline L. Scriven  
Address: Executive Director  
508 Koala Drive  
Kissimmee, FL 34759

Name and Title: Mr. Eddie Delvalle - Officer  
Address: 3501 W. Vine Street Suite 200  
Orlando, FL 32815

Name and Title: Mr. Burney Vaughne  
Address: Director  
8500 Laurel Hill Drive  
Orlando, FL 32818

Name and Title: Melva Sims - Trea.  
Address: 1725 Fox Hall Circle  
Kissimmee, FL

Name and Title: Mr. Steve Delsmer - P  
Address: 823 West Central Avenue  
Orlando, FL 32815

Name and Title: Ms. Gwen Clinton - Sec  
Address: 4938 Polaris St.  
Orlando, FL 32819

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jacqueline L. Scriven  
Address: 508 KOALA Drive  
Kissimmee, FL  
34759

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jacqueline L. Scriven  
Address: 508 KOALA Drive  
Kissimmee, FL  
34759

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

C. Scriven

Required Signature of Registered Agent

12/16/2010  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

C. Scriven

Required Signature of Incorporator

12/16/2010  
Date