FILE NOW: FILING FEE IS $61.25

FILED
May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707918 (9)

1. Corporation Name
CHRISTIAN YOUTH SERVICES, INC.

Principal Place of Business	Mailing Address
301 N.W. 56TH STREET FORT LAUDERDALE FL 33309	P.O. BOX 84-9085 HOLLYWOOD FL 33084-1085 US

3. Date Incorporated or Qualified: 10/05/1964
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 9862 N.W. 1ST COURT
22: Suite, Apt #, etc.
23: City & State: PLANTATION, FLORIDA
24: Zip: 33324
25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-1860192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DEEM, MICHAEL S
301 N.W. 56TH STREET
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: Russell M. Hayson
82 Street Address (P.O. Box Number is Not Acceptable): 3860 Sheridan St.
83:
84 City: Hollywood FL 85 Zip Code: 33021

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	☐ DELETE	1.1 TITLE	DST	☒ Change ☐ Addition
NAME	DEEM, CHERENE		1.2 NAME	DEEM, CHERENE	
STREET ADDRESS	301 N.W. 56TH STREET		1.3 STREET ADDRESS	P.O. BOX 84-8944 N/A	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33084 N/A	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCMULLEN, ED		2.2 NAME		
STREET ADDRESS	1701 SWAN		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGVIEW TX 75604		2.4 CITY-ST-ZIP		
TITLE	CMDP	☐ DELETE	3.1 TITLE	CMDP	☒ Change ☐ Addition
NAME	DEEM, MICHAEL S		3.2 NAME	DEEM, MICHAEL S.	
STREET ADDRESS	301 N.W. 56TH STREET		3.3 STREET ADDRESS	P.O. BOX 84-8944 N/A	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33084 N/A	
TITLE		☐ DELETE	4.1 TITLE	TR	☐ Change ☒ Addition
NAME			4.2 NAME	JOSEPH ALFORD	
STREET ADDRESS			4.3 STREET ADDRESS	9862 N.W. 1ST COURT	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Michael M Deem REQUIRED 4-22-97 849-4960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0026414