

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004373

**FILED**  
**Apr 25, 2009**  
**Secretary of State**

**Entity Name:** FORWARD BOUND YOUTH SERVICE CENTER, INC.

**Current Principal Place of Business:**

1737 NE 3RD STREET  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

1737 NE 3RD STREET  
OKEECHOBEE, FL 34972

**New Mailing Address:**

FEI Number: 20-3838952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOSWELL, KIZZY K  
1737 NE 3RD STREET  
OKEECHOBEE, FL 34972 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: STD ( ) Delete  
Name: BOSWELL, KIZZY  
Address: 1737 NE 3RD STREET  
City-St-Zip: OKEECHOBEE, FL 34972

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: SMITH, JOSEPH  
Address: 2011 SE 33RD STREET  
City-St-Zip: OKEECHOBEE, FL 34974

Title: BM ( ) Change (X) Addition  
Name: BARRETT, LACOYA  
Address: 3346 NW 36TH STREET  
City-St-Zip: OKEECHOBEE, FL 34972

Title: TRE ( ) Change (X) Addition  
Name: JOINER, FAYE  
Address: 903 NW 12TH STREET  
City-St-Zip: OKEECHOBEE, FL 34972

Title: SEC ( ) Change (X) Addition  
Name: TOLLIVER, MONIQUE  
Address: 1737 NE 3RD STREET  
City-St-Zip: OKEECHOBEE, FL 34972

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: KIZZY BOSWELL

STD

04/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date