

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-23-2002 90022 010 ****61.25

DOCUMENT # N38458

1. Entity Name

PENSACOLA FAMILY CARE FOR YOUTH AND FAMILY SERVICES, INC.

Principal Place of Business

Mailing Address

422 N. BAYLEN ST.
 PENSACOLA FL 32501
 US

KIEVIT, KELLY, ODOM
 15 WEST MAIN STREET
 PENSACOLA FL 32501
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3015715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIEVIT, KELLY &
 15 WEST MAIN ST
 PENSACOLA FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
 NAME **LEWIS, CELESTINE**
 STREET ADDRESS **2591 N. 13TH ST**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **GRANDBERRY, RITA PT** ☐ Change ☒ Addition
 NAME **4409 ELLYSEE WAY**
 STREET ADDRESS **PENSACOLA FL 32505**
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **RALPHS, DAVID**
 STREET ADDRESS **2360 SUGARTREE AVENUE**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **ST** ☐ Change ☒ Addition
 NAME **VERNIA McCASTLER**
 STREET ADDRESS **2922 RHYTHM STREET**
 CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **T** ☐ Delete
 NAME **KEELER, MURIAL**
 STREET ADDRESS **3055 NEWTON DRIVE**
 CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **T** ☐ Change ☒ Addition
 NAME **CHARLES-PARKER**
 STREET ADDRESS **1072 CHAVERS STREET**
 CITY-ST-ZIP **PENSACOLA FL 32534**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **CORINE POWELL**
 STREET ADDRESS **802 WEST HOPE DRIVE**
 CITY-ST-ZIP **PENSACOLA FL 32534**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (850) 432-2273

Date

Daytime Phone #

CR2E037 (9/01)