

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90131 020 \*\*\*\*61.25

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<b>DOCUMENT # N38458</b>	
1. Entity Name <b>PENSACOLA FAMILY CARE FOR YOUTH AND FAMILY SERVICES, INC.</b>	



Principal Place of Business <b>422 N. BAYLEN ST. PENSACOLA FL 32501 US</b>	Mailing Address <b>KIEVIT, KELLY, ODOM 15 WEST MAIN STREET PENSACOLA FL 32501 US</b>
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2. Principal Place of Business <b>1408 E. BLOUNT ST.</b>	3. Mailing Address <b>1408 E. BLOUNT ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PENSACOLA FL</b>	City & State <b>PENSACOLA FL</b>
Zip <b>32503</b>	Zip <b>32503</b>
Country <b>ESCAMBIA</b>	Country <b>ESCAMBIA</b>



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3015715</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>KIEVIT, KELLY &amp; 15 WEST MAIN ST PENSACOLA FL 32501</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>After September 10, 2003, min will be \$236.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT LEWIS, CELESTINE 2591 N. 13TH ST PENSACOLA FL 32503</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CORINE POWELL T 802 W. HOPE DR PENSACOLA FL 32534</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST RALPHS, DAVID 2360 SUGARTREE AVENUE PENSACOLA FL 32503</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M CELESTINE LEWIS T 2591 N. 13TH AVE. PENSACOLA FL 32503</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KEELER, MURIAL 3055 NEWTON DRIVE PENSACOLA FL 32503</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PARKER, CHARLES T 1072 CHAVERS ST PENSACOLA FL 32534</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT GRANDBERRY, RITA 4409 ELLYSEE WAY PENSACOLA FL 32505</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST MCCASTLER, VERNIA 2922 RHYTHM STREET PENSACOLA FL 32505</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PARKER, CHARLES T 1072 CHAVERS STREET PENSACOLA FL 32534</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Celestine Lewis* **7/14/03 850432 2273**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)