## 2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 709089** 

**Entity Name: PALMETTO YOUTH CENTER** 

**Current Principal Place of Business:** 

501 17TH STREET WEST PALMETTO, FL 34221

**Current Mailing Address:** 

P.O. BOX 608

PALMETTO, FL 34220

FEI Number: 59-1090377 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELLAMY, REGINALD J 702 29TH STREET EAST PALMETTO, FL 34221 US

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: REGINALD J BELLAMY 09/10/2015

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip: ELLENTON FL 34222

Title D Title T

NameTILLIS, THEODORENameCRADDOCK, FRANKIEAddress3101-9TH AVE. DR. E.Address25049 8TH AVE EASTCity-State-Zip:PALMETTO FL 34221City-State-Zip:PALMETTO FL 34221

Title P Title S

NameBELLAMY, FREIDANameJOHNSON, PATRICIAAddressP.O. BOX 608Address4498 SANIBEL WAYCity-State-Zip:PALMETTO FL 34220City-State-Zip:BRADENTON FL 34203

Title OFFICER Title OFFICER

Name SHANNON, EDDIE Name COVINGTON, LILLIE M.
Address 216 18TH ST E. Address 3104 9 AVE DR E

City-State-Zip: PALMETTO FL 34221 City-State-Zip: PALMETTO FL 34221

Title DIRECTOR OF OPERATION

Name ANTHONY, STEPHENS

Address 5818 NEW PARIS WAY

I hereby 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 all other like empowered.

SIGNATURE: REGINALD J. BELLAMY EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

09/10/2015 Date

**FILED** 

Sep 10, 2015

Secretary of State CC7483912373