

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N96000001969

**Entity Name:** PRIDELINES YOUTH SERVICES, INC.

**Current Principal Place of Business:**

6360 NE 4TH COURT  
MIAMI, FL 33138

**Current Mailing Address:**

PO BOX 014340  
MIAMI, FL 33101 US

**FEI Number:** 65-0670159

**Certificate of Status Desired:** Yes

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

DIAZ-HERMAN, VICTOR E  
6360 NE 4 COURT  
MIAMI, FL 33138 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name DELMAY, TODD  
Address 6360 NE 4TH COURT  
City-State-Zip: MIAMI FL 33138

Title VC  
Name GARCIA, DAVID  
Address 6360 NE 4TH COURT  
City-State-Zip: MIAMI FL 33138

Title TREASURER  
Name DZWONKIEWICZ, MATTHEW  
Address 6360 NE 4TH COURT  
City-State-Zip: MIAMI FL 33138

Title SECRETARY  
Name RIVAS, NELSY  
Address 6360 NE 4TH COURT  
City-State-Zip: MIAMI FL 33138

Title CEO  
Name DIAZ-HERMAN, VICTOR  
Address 6360 NE 4TH COURT  
City-State-Zip: MIAMI FL 33138

Title COO  
Name CHRONICLE, MARSHAREE  
Address PO BOX 014340  
City-State-Zip: MIAMI FL 33101

Title CFO  
Name MERCADO, LISA  
Address 6360 NE 4TH COURT  
City-State-Zip: MIAMI FL 33138

*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:** VICTOR E. DIAZ-HERMAN

**CHIEF EXECUTIVE  
OFFICER**

**06/06/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date