FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

CHRISTIAN YOUTH SERVICES, INC.

FILED
May 20 1998 8:00am
Secretary of State

Principal Place of Business	Mailing Address						
9962 NW 161-COURT PLANTATION FL 33324	P.O. BOX 84-9085 HOLLYWOOD FL 33084-1095 US		3. Date Incorporated or Qualified 10/05/1964 4. FEI Number Applied For Not Applicable				
2. Principal Place of Business 21 6924 GRAND VACATIONS WAY	2a. Mailing Address 28		5. Certificate of Status Desired S8.75 Additional Fee Required				
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
City & State 23 ORLANDO, FLORIDA	City & State		7. Is this nonprofit corporation a homeowners association?				
Zip Country 24 32821 25 USA	29 30	untry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
		81	Name				
Hayson, Russell M 3880 Sheridan St		82					
HOLLYWOOD FL 33084		83					
		84	City E1 85 Zip Code				

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change authorized by the corporation's board of directors. I hereby accept the appointment as registered

agent. I ai	m familiar with, and accept the obligations of, Se	ction 617.0503, Flo	orida Statutes.			
SIGNATURE _	Signature, typed or printed name of registered agent and title if app	Icable (NOT	E: Registered Agent signature requir	red when reinstatings	DATE	
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	S IN 12
TITLE	DST	☐ DELETE	1.1 TITLE		Change	Addition
NAME	DEEM, CHERENE		1.2 NAME			
STREET ADDRESS	P O BOX 84-8944 N/A		1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP			
TITLE	D	DELETÉ	2.1 TITLE		☐ Change	Addition
NAME	MCMULLEN, ED		2.2 NAME			
STREET ADDRESS	1701 SWAN		2.3 STREET ADDRESS			
CITY-ST-ZIP	LONGVIEW TX 75604		2. 4 CITY-ST-ZIP			
TITLE	CMDP	DELETE	3.1 TITLE		Change	☐ Addition
NAME	DEEM, MICHAEL S		3.2 NAME			
STREET ADDRESS	P O BOX 84-8944, N/A		3.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL	_	3 4. CITY - ST - ZIP			
TITLE	TR	DELETE	4.1 TITLE		Change	Addition
NAME	ALFORD JOSEPH		4. 2 NAME			
STREET ADDRESS	9962 NW 1ST COURT		4.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL		4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CATY-ST-ZIP	•		5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME	<i>₹</i>		6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
COTY-\$1-7IP			64 CITY+ST+7IP			

14. 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 annual report or supplemental annual 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 receivor or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: