

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90038 017 ****70.00

0037286

DOCUMENT # 707918

1. Entity Name

CHRISTIAN YOUTH SERVICES, INC.

Principal Place of Business

6924 GRAND VACATIONS WAY
 ORLANDO FL 32821
 US

Mailing Address

P.O. BOX 84-9085
 HOLLYWOOD FL 33084-1095
 US

00028484



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1860192

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HAYSON, RUSSELL M
3860 SHERIDAN ST
HOLLYWOOD FL 33084

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 | DST | <input type="checkbox"/> Delete |
| NAME | DEEM, CHERENE | |
| STREET ADDRESS | P O BOX 84-8944 N/A | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCMULLEN, ED | |
| STREET ADDRESS | 1701 SWAN | |
| CITY-ST-ZIP | LONGVIEW-TX-75604 | |
| TITLE | CMDP | <input type="checkbox"/> Delete |
| NAME | DEEM, MICHAEL S | |
| STREET ADDRESS | P O BOX 84-8944, N/A | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: *SIG Michael Deem*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-01

Date Daytime Phone #

CR2E037 (10/00)