

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737821

FILED
Feb 05, 2009
Secretary of State

Entity Name: CHRISTIAN FAMILY AND YOUTH SERVICES, INC.

Current Principal Place of Business:

180 EAST CENTRAL AVE
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

P O BOX 2586
WINTER HAVEN, FL 338832586

New Mailing Address:

FEI Number: 59-1719255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNETT, STAN
152 LOWELL ROAD
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BURNETT, BEULAH,
Address: 152 LOWELL RD.,S.E.
City-St-Zip: WINTER HAVEN, FL

Title: PD () Delete
Name: BURNETT, STAN
Address: 152 LOWELL RD.
City-St-Zip: WINTER HAVEN, FL

Title: SD () Delete
Name: BERRY, ARLENE
Address: 180 E CENTRAL AVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD () Delete
Name: WILLIAMSON, TOM
Address: 1420 GRAND CAYMAN CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: BURNETT, BEULAH B
Address: 152 LOWELL RD.,S.E.
City-St-Zip: WINTER HAVEN, FL 33884

Title: PD (X) Change () Addition
Name: BURNETT, STAN
Address: 152 LOWELL RD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STAN BURNETT

PD

02/05/2009

Electronic Signature of Signing Officer or Director

Date