

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90128 043 ****61.25

0060393

DOCUMENT # 770776

1. Corporation Name

ADVENT HOME YOUTH SERVICES, INC.

Principal Place of Business

900 COUNTY ROAD #950
CALHOUN TN 37309-5150
US

Mailing Address

900 COUNTY ROAD #950
CALHOUN TN 37309-5150
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

10/17/1983

4. FEI Number

-59-2332638-

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SMOLIC, TAMARA
610 S. BETTY LANE #2
CLEARWATER FL 34612

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

535 1/2 18th Avenue NE

83

84 City

St. Petersburg

FL

85 Zip Code

33704

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 was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SENIOR, BLONDEL E.
STREET ADDRESS 900 COUNTY ROAD 950
CITY-ST-ZIP CALHOUN TN

TITLE C ☐ DELETE

NAME ERSKINE, GERALD
STREET ADDRESS 2850 N OCOEE
CITY-ST-ZIP CLEVELAND TN

TITLE STD ☐ DELETE

NAME SENIOR, GLORIA
STREET ADDRESS 900 COUNTY ROAD 950
CITY-ST-ZIP CALHOUN TN

TITLE D ☐ DELETE

NAME BOLIN, HARVEY
STREET ADDRESS 1160 10TH ST. NW #5
CITY-ST-ZIP CLEVELAND TN

TITLE D ☐ DELETE

NAME JOHNSON, TODD
STREET ADDRESS 3900 TUNNELL HILL RD SW
CITY-ST-ZIP CLEVELAND TN

TITLE D ☐ DELETE

NAME LANCE, HAROLD
STREET ADDRESS RT.3-BOX 350
CITY-ST-ZIP DUNLAP TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP Calhoun, TN 37309-5150

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP 37311

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP 37309-5150

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP 37311

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP 37311

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP D Kim Busl Rt. 3-Box 350 Dunlap, TN 37327

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 receiver 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

423-336-5052

Daytime Phone #

CR2E037 (11/98)