## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#770776**

Entity Name: ADVENT HOME YOUTH SERVICES, INC.

FILED Apr 14, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 900 COUNTY ROAD #950 CALHOUN, TN 373095150 US **Current Mailing Address: New Mailing Address:** 900 COUNTY ROAD #950 CALHOUN, TN 373095150 US FEI Number: 59-2332638 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMOLIC, TAMARA 1084 82ND TERRACE N. UNIT C SAINT PETERSBURG, FL 33702 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SENIOR, BLONDEL E., Name: Name: 900 COUNTY ROAD 950 Address: Address: City-St-Zip: CALHOUN, TN 37309 City-St-Zip: Title: STD ( ) Delete Title: () Change () Addition Name: SENIOR, GLORIA, Name: Address: 900 COUNTY ROAD 950 Address: City-St-Zip: CALHOUN, TN 37309 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HUGGINS, DELWIN Name: BOLIN, HARVEY Name: 9413 APISON PIKE, SUITE 200 1160 10TH ST. NW #5 Address: Address: City-St-Zip: OOLTEWAH, TN 37363 City-St-Zip: CLEVELAND, TN 37311 Title: ( ) Delete Title: () Change () Addition Name: PALMER, BRENT Name: Address: P O BOX 1143 Address: City-St-Zip: CORINTH, MS 38834 City-St-Zip: ( ) Delete Title: Title: () Change () Addition BUSL, KIM Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: BLONDEL E. SENIOR PRES 04/14/2004

5340 LAYTON LANE

APISON, TN 37302

Address:

City-St-Zip: