

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770776

FILED
Apr 28, 2005
Secretary of State

Entity Name: ADVENT HOME YOUTH SERVICES, INC.

Current Principal Place of Business:

900 COUNTY ROAD #950
CALHOUN, TN 373095150 US

New Principal Place of Business:

Current Mailing Address:

900 COUNTY ROAD #950
CALHOUN, TN 373095150 US

New Mailing Address:

FEI Number: 59-2332638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMOLIC, TAMARA
1084 82ND TERRACE N. UNIT C
SAINT PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

SENIOR, TAMARA
1000 83RD TERRACE N.
SAINT PETERSBURG, FL 33702 US

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: TAMARA SENIOR 04/28/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SENIOR, BLONDEL E.,
Address: 900 COUNTY ROAD 950
City-St-Zip: CALHOUN, TN 37309

Title: STD () Delete
Name: SENIOR, GLORIA,
Address: 900 COUNTY ROAD 950
City-St-Zip: CALHOUN, TN 37309

Title: D () Delete
Name: BOLIN, HARVEY
Address: 1160 10TH ST. NW #5
City-St-Zip: CLEVELAND, TN 37311

Title: D () Delete
Name: PALMER, BRENT
Address: P O BOX 1143
City-St-Zip: CORINTH, MS 38834

Title: CB () Delete
Name: BUSL, KIM
Address: 5340 LAYTON LANE
City-St-Zip: APLISON, TN 37302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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.

SIGNATURE: GLORIA SENIOR STD 04/28/2005

Electronic Signature of Signing Officer or Director Date