

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000007144**

1. Entity Name

**YOUTH AND FAMILY CENTERED SERVICES, INC.**



Principal Place of Business

**1705 CAPITOL OF TEXAS HWY SOUTH  
SUITE 500  
AUSTIN, TX 78746**

Mailing Address

**1705 CAPITOL OF TEXAS HWY SOUTH  
SUITE 500  
AUSTIN, TX 78746**



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number

**58-2281089**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SHEEHAN, KEVIN P  
STREET ADDRESS 1705 CAPITOL OF TEXAS HWY SOUTH, STE 500  
CITY-ST-ZIP AUSTIN, TX

TITLE SD  
NAME NUNN, J M  
STREET ADDRESS 1705 CAPITOL OF TEXAS HWY SOUTH, STE 500  
CITY-ST-ZIP AUSTIN, TX

TITLE ASD  
NAME MCLEAN, BART A  
STREET ADDRESS 1705 CAPITOL OF TEXAS HWY SOUTH, STE 500  
CITY-ST-ZIP AUSTIN, TX

TITLE CD  
NAME CRAVEY, RICHARD L  
STREET ADDRESS 1705 CAPITOL OF TEXAS HWY SOUTH, STE 500  
CITY-ST-ZIP AUSTIN, TX

TITLE VD  
NAME CRAVEY JR, RICHARD L  
STREET ADDRESS 1705 CAPITOL OF TEXAS HWY SOUTH, STE 500  
CITY-ST-ZIP AUSTIN, TX

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

00000008891  
01/20/04-80082-015 450.00

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 607, 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:**

*J. MacArthur*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-04

Date

512-835-5437

Daytime Phone #