

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003254

Entity Name: FAITH YOUTH & FAMILY SERVICES INC.

FILED  
Mar 19, 2004  
Secretary of State

**Current Principal Place of Business:**

21327 NW 58TH TERRACE  
LACROSSE, FL 32658

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 338  
LACROSSE, FL 32658

**New Mailing Address:**

FEI Number: 14-1887341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MOORE, ROBERT L  
21327 NW 58TH TERRACE  
LACROSSE, FL 32658 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: P ( ) Delete  
Name: MOORE, DARYLE S  
Address: 1659 KAUTZ RD  
City-St-Zip: AURORA, IL 60504

Title: VP ( ) Delete  
Name: MOORE, ROBERT L  
Address: P.O BOX 338  
City-St-Zip: LACROSSE, FL 32658

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DARYLE MOORE

P

03/19/2004

Electronic Signature of Signing Officer or Director

Date