

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002587

FILED
May 02, 2012
Secretary of State

Entity Name: EXODUS YOUTH MINISTRIES, INC

Current Principal Place of Business:

6370 24TH STREET SOUTH
APT 362
ST. PETERSBURG, FL 33712 US

New Principal Place of Business:

Current Mailing Address:

6370 24TH STREET SOUTH
APT 362
ST. PETERSBURG, FL 33712 US

New Mailing Address:

FEI Number: 45-0606613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORES, SHALON D
6370 24TH STREET SOUTH
APT 362
ST. PETERSBURG, FL 33712 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
Name: FLORES, SHALON D
Address: 6370 24TH STREET SOUTH, APT 362
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: VP
Name: CAPERS, KENNETH D
Address: 6370 24TH STREET SOUTH, APT 362
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: S
Name: KING - HISE, LINDA D
Address: 6370 24TH STREET SOUTH, APT 362
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: T
Name: KING - HISE, LINDA D
Address: 6370 24TH STREET SOUTH, APT 362
City-St-Zip: ST. PETERSBURG, FL 33712 US

I hereby 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 all other like empowered.

SIGNATURE: SHALON D. FLORES

P

05/02/2012

Electronic Signature of Signing Officer or Director

Date