

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003046

FILED
Apr 30, 2012
Secretary of State

Entity Name: AMERICAN HOMELESS INTERVENTION PROGRAM MINISTRIES FOR YOUTH INC.

Current Principal Place of Business:

7892 BROKEN OAK DRIVE
SNEADS, FL 32460

New Principal Place of Business:

Current Mailing Address:

7892 BROKEN OAK DRIVE
SNEADS, FL 32460

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, SAMUEL
7892 BROKEN OAK DRIVE
SNEADS, FL 32460 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: PD
Name: MILLS, SAMUEL
Address: 7892 BROKEN OAK DRIVE
City-St-Zip: SNEADS, FL 32460

Title: VD
Name: MILLS, SYLVIA
Address: 7892 BROKEN OAK DRIVE
City-St-Zip: SNEADS, FL 32460

Title: STD
Name: SPEIGHTS, MARY
Address: 2828 BOOKER STREET
City-St-Zip: MARIANNA, FL 32448

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: SAMUEL MILLS

PD

04/30/2012

Electronic Signature of Signing Officer or Director

Date