2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State
07-21-2003 90131 020 ****61.25

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DOCUMENT # N38458

1. Entity Name

PENSACOLA FAMILY CARE FOR YOUTH AND FAMILY SERVICES, INC.

Principal Place of Business	Mailing Address
422 N. BAYLEN ST. PENSACOLA FL 32501 US	KIEVIT, KELLY, ODOM 15 WEST MAIN STREET PENSACOLA FL 32501 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1408 E. BLOUNT ST.	1408 E. BLOUNT ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA FL	City & State: PENSACOLA FL
Zip: 32503 Country: ESCAMBIA	Zip: 32503 Country: ESCAMBIA

4. FEI Number 59-3015715 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KIEVIT, KELLY & 15 WEST MAIN ST PENSACOLA FL 32501	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 $61.25
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT LEWIS, CELESTINE 2591 N. 13TH ST PENSACOLA FL 32503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition CORINE POWELL T 802 W. HOPE DR PENSACOLA FL 32534
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST RALPHS, DAVID 2360 SUGARTREE AVENUE PENSACOLA FL 32503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M CELESTINE LEWIS T 2591 N. 13TH AVE. PENSACOLA FL 32503
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KEELER, MURIAL 3055 NEWTON DRIVE PENSACOLA FL 32503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PARKER, CHARLES T 1072 CHAVERS ST PENSACOLA FL 32534
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT GRANDBERRY, RITA 4409 ELLYSEE WAY PENSACOLA FL 32505	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MCCASTLER, VERNIA 2922 RHYTHM STREET PENSACOLA FL 32505	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PARKER, CHARLES T 1072 CHAVERS STREET PENSACOLA FL 32534	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037 (4/03)

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 617, 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: Celestine Lewis REQUIRED — 7/14/03 — 8504322273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #