

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709089

**Entity Name:** PALMETTO YOUTH CENTER**Current Principal Place of Business:**501 17TH STREET WEST  
PALMETTO, FL 34221**Current Mailing Address:**P.O. BOX 608  
PALMETTO, FL 34220**FEI Number:** 59-1090377**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BELLAMY, REGINALD J  
702 29TH STREET EAST  
PALMETTO, FL 34221 US*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:** REGINALD J BELLAMY

02/03/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name BELLAMY, REGINALD  
Address 501 17TH ST W  
City-State-Zip: PALMETTO FL 34221

Title TREASURER  
Name CRADDOCK, FRANKIE  
Address 25049 8TH AVE EAST  
City-State-Zip: PALMETTO FL 34221

Title SECRETARY  
Name BELLAMY, FREIDA  
Address P.O. BOX 608  
City-State-Zip: PALMETTO FL 34220

Title VP  
Name JOHNSON, PATRICIA  
Address 4498 SANIBEL WAY  
City-State-Zip: BRADENTON FL 34203

Title OFFICER  
Name SHANNON, EDDIE  
Address 216 18TH ST E.  
City-State-Zip: PALMETTO FL 34221

Title CHAIRMAN  
Name COVINGTON, LILLIE M.  
Address 3104 9 AVE DR E  
City-State-Zip: PALMETTO FL 34221

Title DIRECTOR OF OPERATION  
Name ANTHONY, STEPHENS  
Address 5818 NEW PARIS WAY  
City-State-Zip: ELLENTON FL 34222

*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:** REGINALD BELLAMY

EXECUTIVE DIRECTOR

02/03/2016

Electronic Signature of Signing Officer/Director Detail

Date