

2015 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:**LUKOWIAK, CHRIS A
501 17TH STREET WEST
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	TILLIS, THEODORE
Address	3101-9TH AVE. DR. E.
City-State-Zip:	PALMETTO FL 34221

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

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

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

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: CHRIS LUKOWIAK**EXEC. DIRECTOR****01/14/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date