

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002000

Entity Name: FAMILY AND YOUTH HELP CENTER, INC.**Current Principal Place of Business:**20789 NW 9TH CT - BLDG 9 - APT. 201
MIAMI GARDENS, FL 33169**Current Mailing Address:**20789 NW 9TH CT - BLDG 9 - APT. 201
MIAMI GARDENS, FL 33169 US**FEI Number: 03-0442422****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GLOVER, CLYDE
20789 NW 9TH CT - BLDG 9 - APT. 201
MIAMI GARDENS, FL 33169 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	T
Name	LOCKETT, SHERRI
Address	1015 WILMINGTON STREET
City-State-Zip:	OPA LOCKA FL 33054

Title	VP
Name	JACKSON, ALEXANDER
Address	1780 SW 131ST TER
City-State-Zip:	DAVIE FL 33325

Title	P
Name	GLOVER, CLYDE
Address	20789 NW 9TH CT - BLDG 9 - APT. 201
City-State-Zip:	MIAMI GARDENS FL 33169

Title	S
Name	SHELDON, CRYSTAL
Address	13832 NW 10TH CT
City-State-Zip:	PEMBROKE PINES FL 33028

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: CLYDE GLOVER**PRES****04/30/2022**

Electronic Signature of Signing Officer/Director Detail

Date