

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000003046

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

**Current Principal Place of Business:**

7892 BROKEN OAK DRIVE  
SNEADS, FL 32460

**Current Mailing Address:**

7892 BROKEN OAK DRIVE  
SNEADS, FL 32460

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

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

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

Title STD  
Name SPEIGHTS, MARY  
Address 2828 BOOKER STREET  
City-State-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

PRESIDENT/FOUNDER

03/31/2022

Electronic Signature of Signing Officer/Director Detail

Date