

2021 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**FOUNDER AND
PRESIDENT****05/07/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date