

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007887

Entity Name: FAITH YOUTH SERVICES, INC.**Current Principal Place of Business:**2029 BONITA WAY SOUTH
ST.PETERSBURG, FL 33712**Current Mailing Address:**2029 BONITA WAY SOUTH
ST.PETERSBURG, FL 33712 US**FEI Number:** 47-1399778**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURNETT, BEVERLY
2029 BONITA WAY SOUTH
ST.PETERSBURG, FL 33712 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:** BEVERLY BURNETT

01/07/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name ADAMS, CHAD
Address 5511 LYNN LAKE DR. SO.
APT. B
City-State-Zip: ST.PETERSBURG FL 32712

Title VPD
Name OLIVER, JAMES
Address 4500 37TH ST. SOUTH
APT #308
City-State-Zip: ST.PETERSBURG FL 32711

Title D
Name WATSON, GODFREY
Address 1549 84TH AVE.N.
City-State-Zip: ST.PETERSBURG FL 33702

Title TD
Name VOLPE, JENNIFER
Address 13715 GULF BLVD.
City-State-Zip: MADERIA BEACH FL 33708

Title SD
Name CARTER, FAY
Address 2029 BONITA WAY SOUTH
City-State-Zip: ST. PETERSBURG FL 33712

Title CEO
Name DAVIS, CRESENCIO
Address 2029 BONITA WAY SOUTH
City-State-Zip: ST. PETERSBURG FL 33712

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: CRESENCIO DAVIS

CEO

01/07/2021

Electronic Signature of Signing Officer/Director Detail

Date