

2018 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	KROUT, TIM
Address	6100 12TH ST S., APT.223
City-State-Zip:	ST.PETERSBURG FL 32712

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

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

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

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

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: JAMES OLIVER

VP

04/27/2018

Electronic Signature of Signing Officer/Director Detail_____
Date