

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005358

**Entity Name:** FRIENDS OF YOUTH SERVICES AND PALM BEACH COUNTY, INC.

**FILED**  
**Feb 04, 2024**  
**Secretary of State**  
**0950985398CC**

**Current Principal Place of Business:**

50 S. MILITARY TRAIL SUITE 203  
WEST PALM BEACH, FL 33415

**Current Mailing Address:**

50. SOUTH MILITARY TRAIL SUITE 203  
WEST PALM BEACH, FL 33415 US

**FEI Number: 65-0449910**

**Certificate of Status Desired: No**

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

FINNIGAN, TARA  
50 S. MILITARY TRAIL, SUITE 203  
WEST PALM BEACH, FL 33415 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: TARA FINNIGAN**

**02/04/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name PETERS, JOSEPH  
Address 5725 CORPORATE WAY, SUITE 102  
City-State-Zip: WEST PALM BEACH FL 33407

Title PRESIDENT  
Name FINNIGAN, TARA  
Address 1720 FOREST LAKES CIRCLE  
D  
City-State-Zip: W PALM BEACH FL 33406

Title DIRECTOR  
Name VERSE, SELMA RN  
Address 5081 BURNING TREE CIR  
City-State-Zip: STUART FL 34997

Title TREASURER  
Name ALBURY, ROWENA  
Address 470 W 30 ST  
City-State-Zip: RIVIERA BEACH FL 33404

Title SECRETARY  
Name CHRISTIE, KAREN  
Address 3040 LAKESHORE DRIVE  
#203  
City-State-Zip: RIVIERA BEACH FL 33404

*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: TARA A FINNIGAN**

**PRESIDENT**

**02/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date