

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 09, 2017
Secretary of State
CC1165007372

Entity Name: THE FORUM FOR YOUTH INVESTMENT CORP.

Current Principal Place of Business:

7064 EASTERN AVE. NW
WASHINGTON, DC 20012

Current Mailing Address:

7064 EASTERN AVE. NW
WASHINGTON, DC 20012 US

FEI Number: 52-2242472

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 CHAIRMAN
Name SAPP, ARMISTEAD
Address 100 SAS CAMPUS DR, BLDG S1102
City-State-Zip: CARY NC 27512

Title DIRECTOR
Name LEVINE, MICHAEL
Address 1 LINCOLN PLAZA
City-State-Zip: NEW YORK NY 10023

Title PRESIDENT
Name PITTMAN, KAREN
Address 7064 EASTERN AVE. NW
City-State-Zip: WASHINGTON DC 20012

Title SECRETARY
Name IRBY, MERITA
Address 7064 EASTERN AVE. NW
City-State-Zip: WASHINGTON DC 20012

Title DIRECTOR
Name CATER, JAIRUS
Address 3828 STEVENS LANE
City-State-Zip: NASHVILLE TN 37218

Title DIRECTOR
Name PURCELL, WILLIAM
Address 150 FOURTH AVE. NORTH
SUITE 1820
City-State-Zip: NASHVILLE TN 37219

Title DIRECTOR
Name TSENG, VIVIAN
Address 570 LEXINGTON AVE.
18TH FLOOR
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR
Name WIRTH, ALEX
Address P. O. BOX 65027
City-State-Zip: WASHINGTON DC 20035

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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: THOMAS DEVANEY

VP, BUSINESS STRATEGY 01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FLEISCHMAN, STEVE
Address 101 SW MAIN ST
SUITE 500
City-State-Zip: PORTLAND OR 97204

Title DIRECTOR
Name SELTZ, JUDY
Address 1218 DARTMOUTH RD
City-State-Zip: ALEXANDRIA VA 22314

Title VP
Name DEVANEY, THOMAS
Address 7064 EASTERN AVE. NW
City-State-Zip: WASHINGTON DC 20012