

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008016

FILED
Aug 03, 2009
Secretary of State

Entity Name: YOUTH DEVELOPMENT INITIATIVES, INC.

Current Principal Place of Business:

1932 DREW STREET
SUITE 8
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

1932 DREW STREET
SUITE 8
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-3712280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BALDWIN, KARALIA W
2076 WIDGEON AVE
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: CAMPBELL, GLORIA
Address: 1077 WEATHERFIELD DR
City-St-Zip: DUNEDIN, FL 34698

Title: AED (X) Delete
Name: MCKAHAND, EDWARD
Address: 1465 FAIRMONT ST.
City-St-Zip: CLEARWATER, FL 33755

Title: PD () Delete
Name: BALDWIN, KARALIA
Address: 2076 WIDGEON AVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: PD () Delete
Name: LIGHTFOOT, RANDOLPH
Address: 2211 REPUBLIC DR
City-St-Zip: DUNEDIN, FL 34698

Title: S () Delete
Name: BALDWIN, KARALIA W
Address: 2076 WIDGEON AVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T () Delete
Name: CAMPBELL, CORLIS
Address: 4875 AUGUSTA AVE
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: MCKAHAND, EDWARD
Address: 1465 FAIRMONT ST.
City-St-Zip: CLEARWATER, FL 33755

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KARALIA W. BALDWIN

PD

08/03/2009

Electronic Signature of Signing Officer or Director

_____ Date