

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90076 026 \*\*\*\*61.25

**DOCUMENT # N00000008016**

1. Entity Name

**YOUTH DEVELOPMENT INITIATIVES, INC.**



Principal Place of Business

**1932 DREW STREET  
SUITE 8  
CLEARWATER FL 33765**

Mailing Address

**1938 DREW ST., STE #8  
CLEARWATER FL 33765**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3712280**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Karalia W. Baldwin*

**3-9-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	BALDWIN, KARALIA W	
STREET ADDRESS	2076 WIDGEON AVE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCNARY, MYRA S	
STREET ADDRESS	3412 FORELOCK RD	
CITY-ST-ZIP	TARPOON SPRINGS FL 34689	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GAINES, KIM	
STREET ADDRESS	7146 WOODBIN DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALDWIN, KARALIA W	
STREET ADDRESS	2076 WIDGEON AVE.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	PARL	<input type="checkbox"/> Delete
NAME	ROBINSON, FREDDIE M	
STREET ADDRESS	1571 LONG ST.	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FORD, LYNNE	
STREET ADDRESS	3940 42ND ST., SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Karalia W. Baldwin*

**3-9-03**

**727560-1103**

CR2E037 (10/02)

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