


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000006684	
1. Entity Name YOUTH DEVELOPMENT CENTERS, INC.	

Principal Place of Business 4757 NW 24TH CT 237 LAUDERDALE LAKES, FL 33313	Mailing Address 4757NW 24TH CT 237 LAUDERDALE LAKES, FL 33313
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04242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-2189487	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent THOMPkins, WINFRED 4757NW 24TH CT 237 LAUDERDALE LAKES, FL 33313
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000941950
05/28/08-80127-011 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO THOMPkins, WINFRED 4757 NW 24TH CT #237 LAUDERDALE LAKES, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMPkins, TROY 13421 SW 17TH CT MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPkins, KELVIN 4590 N.W. 41 STREET LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR NELSON, LEE 12686 NW 75TH STREET PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SWARN, CLINTON 1530 SW 63 TERR NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 I am empowered.

SIGNATURE:

Winfred Thompson 4-23-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #