

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26541** (5)

1. Corporation Name

YOUTH DEVELOPMENT FOUNDATION, INC.



Principal Place of Business

Mailing Address

61 N. PINEAPPLE AVE. SARASOTA, FL 34236
P.O. BOX 2858
SARASOTA FL 34230

61 N. PINEAPPLE AVE. SARASOTA, FL 34236
P.O. BOX 2858
SARASOTA FL 34230

3. Date Incorporated or Qualified

05/23/1988

3a. Date of Last Report

03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0072626

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENDER JR., MICHAEL R.
1605 MAIN ST., SUITE 1100
SARASOTA FL 34236

81 Name

GRIMES, MICHELE B.

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

200 South Orange Avenue

83

84 City

Sarasota

FL

85 Zip Code

34236

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Michele B. Grimes

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

(NOTE: Registered Agent signature required when reinstating)

7-23-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PFD	<input checked="" type="checkbox"/> DELETE
NAME	SEGAL, RICHARD	
STREET ADDRESS	1249 BASIN LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SEGAL, JUDY	
STREET ADDRESS	1249 SOUTH BASIN LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VED	<input checked="" type="checkbox"/> DELETE
NAME	POMIER, EILEEN	
STREET ADDRESS	5541 GULF OF MEXICO DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEBSTER, GAIL S	
STREET ADDRESS	38 LAS BRISAS WAY	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WISE, MARGARET	
1.3 STREET ADDRESS	4125 Shell Road	
1.4 CITY-ST-ZIP	Sarasota, FL 34242	
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GITHLER, CHARLES, III	
2.3 STREET ADDRESS	9601 N. Pineapple Ave	
2.4 CITY-ST-ZIP	Sarasota FL 34236	
3.1 TITLE	2ndVP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GRIMES, MICHELE	
3.3 STREET ADDRESS	200 South Orange Avenue	
3.4 CITY-ST-ZIP	Sarasota, FL 34236	
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	O'NEIL, NANCY	
4.3 STREET ADDRESS	4581 Higel Avenue	
4.4 CITY-ST-ZIP	Sarasota, FL 34242	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michele B. Grimes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-96

Date

(941) 329-6611

Daytime Phone #

0014420

CR2E037 (3/96)