


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 61 N. PINEAPPLE AVE. SARASOTA FL 34236	Mailing Address 61 N. PINEAPPLE AVE. SARASOTA FL 34236
--	--

3. Date Incorporated or Qualified 05/23/1988
4. FEI Number 65-0072626
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 200 S. ORANGE AV.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 90 Michele Grimes
City & State 23	City & State 28 Sarasota FL
Zip 24	Country 25
29 34236	30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GRIMES, MICHELE B 200 S. ORANGE AVE. SARASOTA FL 34236	
--	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 Grimes* DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD WISE, MARGARET
STREET ADDRESS	4125 SHELL RD.
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	<input type="checkbox"/> DELETE
NAME	VD GITHLER, CHARLES III
STREET ADDRESS	61 N. PINEAPPLE AVE, SARASOTA, FL 34236
CITY-ST-ZIP	SARASOTA FL 34236
TITLE	<input type="checkbox"/> DELETE
NAME	VD GRIMES, MICHELE
STREET ADDRESS	200 S. ORANGE AVE.
CITY-ST-ZIP	SARASOTA FL 34236
TITLE	<input type="checkbox"/> DELETE
NAME	TD WEBSTER, GAIL S
STREET ADDRESS	38 LAS BRISAS WAY
CITY-ST-ZIP	NAPLES FL 33963
TITLE	<input type="checkbox"/> DELETE
NAME	SD O'NEIL, NANCY
STREET ADDRESS	4581 HIGEL AVE.
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 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 Grimes* 2-25-98 941-329-6611

CP2E037 (10/97)