


FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90116 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N26541 1. Corporation Name YOUTH DEVELOPMENT FOUNDATION, INC.					
Principal Place of Business 61 N. PINEAPPLE AVE. SARASOTA FL 34236			Mailing Address 200 S ORANGE AVE SARASOTA FL 34236 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 05/23/1988 4. FEI Number 65-0072626 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution <input type="checkbox"/>	

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			
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11. Pursuant to the provisions of Sections 817.0502 and 817.1508, 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 817.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD <input checked="" type="checkbox"/> DELETE NAME WISE, MARGARET STREET ADDRESS 4125 SHELL RD. CITY-ST-ZIP SARASOTA FL 34242				1.1 TITLE P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME KARP, ARTHUR 1.3 STREET ADDRESS 7902 Sanderling Road 1.4 CITY-ST-ZIP Sarasota, FL 34242			
TITLE VD <input checked="" type="checkbox"/> DELETE NAME GITHLER, CHARLES III STREET ADDRESS 61 N. PINEAPPLE AVE, SARASOTA, FL 34236 CITY-ST-ZIP SARASOTA FL 34236				2.1 TITLE 2nd VP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME PETERSON, LEE 2.3 STREET ADDRESS 8128 Regents Court 2.4 CITY-ST-ZIP University Park, FL 34201			
TITLE VD <input type="checkbox"/> DELETE NAME GRIMES, MICHELE STREET ADDRESS 200 S. ORANGE AVE. CITY-ST-ZIP SARASOTA FL 34236				3.1 TITLE 1st VP D <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME GRIMES, MICHELE 3.3 STREET ADDRESS 200 S. Orange Ave. 3.4 CITY-ST-ZIP Sarasota, FL 34236			
TITLE TD <input type="checkbox"/> DELETE NAME WEBSTER, GAIL S STREET ADDRESS 38 LAS BRISAS WAY CITY-ST-ZIP NAPLES FL 33963				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE SD <input type="checkbox"/> DELETE NAME O'NEIL, NANCY STREET ADDRESS 4581 HIGEL AVE. 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			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

324-99 94-329-6611
 Date Daytime Phone #