

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90051 047 ****70.00

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1. Entity Name
FLORIDA YOUTH DEVELOPMENT PROGRAM, INC.



Principal Place of Business
**2800 W. PROSPECT RD.
FT. LAUDERDALE, FL 33309**

Mailing Address
**2800 W. PROSPECT RD.
FT. LAUDERDALE, FL 33309**

40001140



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0686174

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BACHELOR, INGRID M CPA
10235 W. SAMPLE ROAD
SUITE 205
CORAL SPRINGS, FL 33065**

**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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRINSON, EDWARD
STREET ADDRESS	2800 W. PROSPECT RD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	D
NAME	BRINSON, YVETTE
STREET ADDRESS	2800 W. PROSPECT RD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	D
NAME	MAY, SHEILA
STREET ADDRESS	2800 W. PROSPECT RD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 like empowered.

SIGNATURE:

Edward Brinson
Edward Brinson

Date

1/5/07

Daytime Phone #