FILED
Aug 19, 2002 8:00 am
Secretary of State
07-22-2002 90165 020 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005654

1. Entity Name

Youth Development Foundation, Inc of Pinellas County ✓

DO NOT WRITE IN THIS SPACE

98419

[redacted]

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
2961 35th Ave So Suite, Apt. #, etc.	P.O. Box 15004 Suite, Apt. #, etc.	
City & State: St. Petersburg FL	City & State: St. Petersburg, FL	4. FEI Number: 91-2002544 ☐ Applied For ☐ Not Applicable
Zip: 33712 County: Pinellas	Zip: Pinellas County: Pinellas	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lena L. Wilfalk

Street Address (P.O. Box Number is Not Acceptable): 2961 35th Ave So.

City: St. Petersburg FL Zip Code: 33712

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.

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

FEE IS $61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Lena L. Wilfalk 2961 35th Ave So St. Pete FL 33712 D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Manitia Mouttrie 4606 6th St So. St. Pete FL 33705 D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Loretta Gilstrap 3909 15th Ave So. St. Pete, FL 33711 D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Arletha Chapman 3911 Queen St So. St. Pete FL 33712 D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/01)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lena L. Wilfalk 7/17/02 727-866-6489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #