


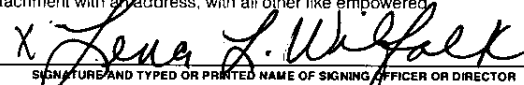


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90030 036 \*\*\*\*61.25

<b>DOCUMENT # N97000005654</b> 1. Entity Name <b>YOUTH DEVELOPMENT FOUNDATION, INC. OF PINELLAS COUNTY</b>					
Principal Place of Business <b>2961 35TH AVE SO ST. PETERSBURG, FL 33712 US</b>			Mailing Address <b>PO BOX 15004 ST PETERSBURG, FL 33733 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03252004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number <b>91-2002544</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WILFALK, LENA L 2961 35TH AVE SO ST. PETERSBURG, FL 33712</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature, typed or printed name of registered agent and title if applicable.</span> <span>(NOTE: Registered Agent signature required when reinstating)</span> <span>DATE</span> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution: <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP WILFALKE, LENA L <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2961 35TH AVE SO		NAME		
STREET ADDRESS	ST. PETERSBURG, FL 33712		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DV MOULTRIE, MANITIA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4606 6TH ST SO		NAME		
STREET ADDRESS	ST PETERSBURG, FL 33705		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DS PATTERSON, SANDRA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2227 BEACH DRIVE SOUTH EAST		NAME		
STREET ADDRESS	SAINT PETERSBURG, FL 33705		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DT CHAPMAN, ARLETHA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2711 QUEEN STREET SOUTH		NAME		
STREET ADDRESS	ST. PETERSBURG, FL 33712		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			4-13-04 727/864-8841		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		