


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<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>
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DO NOT WRITE IN THIS SPACE



02232006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>91-2002544</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**WILFALK, LENA L  
2961 35TH AVE SO  
ST. PETERSBURG, FL 33712**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILFALKE, LENA L 2961 35TH AVE SO ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOULTRIE, MANITIA 4606 6TH ST SO ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRYANT, TERESENA W. 2369 GRANADA CIRCLE WEST SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHAPMAN, ARLETHA 2711 QUEEN STREET SOUTH ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/16/06-80002-022 61.25

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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: Lena L. Wilfalk Lena L. Wilfalk 2-24-06 727-864-8241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone