2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N97000005654

Entity Name: YOUTH DEVELOPMENT FOUNDATION OF PINELLAS COUNTY INC.

Current Principal Place of Business:

2309 13TH STREET SOUTH
SAINT PETERSBURG, FL 33705 US

New Principal Place of Business:

Current Mailing Address:

2309 13TH STREET SOUTH
SAINT PETERSBURG, FL 33705 US

New Mailing Address:

FEI Number: 91-2002544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIGGS-SANDERS, DEBORAH
2309 13TH STREET SOUTH
SAINT PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FIGGS-SANDERS, DEBORAH
Address: 2309 13TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705 US

Title: DV ( ) Delete
Name: PRUITT, CRYSTAL
Address: 3813 MANATEE DRIVE S.E.
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: DS ( ) Delete
Name: MCINTOSH, MONICA E
Address: 629 54TH AVENUE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: DT ( ) Delete
Name: WILLIAMS, CASSANDRA B
Address: 4619 REDFISH LANE S.E.
City-St-Zip: SAINT PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: PATTERSON, SANDRA
Address: 2227 BEACH DRIVE SE
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: DS (X) Change ( ) Addition
Name: MCCALLISTER, SHAUNA
Address: 3521 - 18TH AVE SO
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CASSANDRA B. WILLIAMS DT 04/17/2009

Electronic Signature of Signing Officer or Director — Date