

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90037 047 \*\*\*\*61.25

**DOCUMENT # N98000001081**

1. Entity Name  
**FOUNDATION FOR YOUTH DEVELOPMENT, INC.**



Principal Place of Business  
**8811 BEELER DR.  
TAMPA, FL 33626**

Mailing Address  
**13014 N DALE MABRY  
SUITE 200  
TAMPA, FL 33618**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3498430**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RENAKER, DWAYNE P  
8811 BEELER DR.  
TAMPA, FL 33626**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
RENAKER, DWAYNE P  
7902 SANCTUARY COVE CT APT 132  
TEMPLE TERRACE, FL 33637 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
ANDROLEWICZ, MATTHEW J  
4944 EBENSBURG DR.  
TAMPA, FL 33647 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Hong, Sharon  
4634 50th Ave W  
Bradenton FL 34210 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
ULSETH, JIM  
1704 BLIND POND AVENUE  
LUTZ, FL 33549 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
YOUNG, GILLIAN  
3412 25TH AVE E  
TAMPA, FL 33605 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JOHNSON, ROBERT  
1708 OLYMPIA RD  
TAMPA, FL 33619 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JOHNSON, JOY  
1708 OLYMPIA RD  
TAMPA, FL 33619 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

*Sharon Hong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/07*  
Date

*941-713-2357*  
Daytime Phone #