

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001081

FILED  
Mar 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

8811 BEELER DR.  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

13014 N DALE MABRY  
SUITE 200  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 59-3498430      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RENAKER, DWAYNE P  
8811 BEELER DR.  
TAMPA, FL 33626      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: PCD      ( ) Delete  
Name: RENAKER, DWAYNE P  
Address: 7902 SANCTUARY COVE CT APT 132  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: S      ( ) Delete  
Name: HONG, SHARON  
Address: 3747 59TH AVE CIR E  
City-St-Zip: ELLENTON, FL 34222

Title: TD      ( ) Delete  
Name: ULSETH, JIM  
Address: 1704 BLIND POND AVENUE  
City-St-Zip: LUTZ, FL 33549

Title: D      ( ) Delete  
Name: RENAKER, GILLIAN  
Address: 3412 25TH AVE E  
City-St-Zip: TAMPA, FL 33605

Title: D      ( ) Delete  
Name: JOHNSON, ROBERT  
Address: 1708 OLYMPIA RD  
City-St-Zip: TAMPA, FL 33619

Title: D      ( ) Delete  
Name: JOHNSON, JOY  
Address: 1708 OLYMPIA RD  
City-St-Zip: TAMPA, FL 33619

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PCD      (X) Change ( ) Addition  
Name: RENAKER, DWAYNE P  
Address: 8811 BEELER DR.  
City-St-Zip: TAMPA, FL 33626

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

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

Title: D      (X) Change ( ) Addition  
Name: RENAKER, GILLIAN  
Address: 8811 BEELER DR.  
City-St-Zip: TAMPA, FL 33626

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

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: SHARON HONG

S

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date