

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001081

FILED  
Apr 21, 2012  
Secretary of State

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

**Current Principal Place of Business:**

13014 N DALE MABRY  
SUITE 200  
TAMPA, FL 33618

**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  
Name: RENAKER, DWAYNE P  
Address: 8811 BEELER DR.  
City-St-Zip: TAMPA, FL 33626

Title: S  
Name: HONG, SHARON  
Address: 2307 89TH STREET NW  
City-St-Zip: BRADENTON, FL 34209

Title: TD  
Name: FEININGER, WILLIAM  
Address: 1656 ALLENS RIDGE DR N  
City-St-Zip: PALM HARBOR, FL 34683

Title: D  
Name: BARR, TERESA  
Address: 4917 84TH STREET S  
City-St-Zip: TAMPA, FL 33619

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

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

I hereby 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 all other like empowered.

SIGNATURE: SHARON HONG

S

04/21/2012

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

\_\_\_\_\_  
Date