

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005654

**Entity Name:** YOUTH DEVELOPMENT FOUNDATION OF PINELLAS COUNTY INC.

**FILED**  
**Mar 13, 2015**  
**Secretary of State**  
**CC5289431416**

**Current Principal Place of Business:**

4619 REDFISH LANE SE  
SAINT PETERSBURG, FL 33705

**Current Mailing Address:**

P O BOX 15004  
SAINT PETERSBURG, FL 33733 US

**FEI Number:** 91-2002544

**Certificate of Status Desired:** No

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

WILLIAMS, CASSANDRA B  
4619 REDFISH LANE SE 33705  
SAINT PETERSBURG, FL 33705 US

*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:** CASSANDRA B WILLIAMS

03/13/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name WILLIAMS, CASSANDRA B  
Address 4619 REDFISH LANE SE  
City-State-Zip: SAINT PETERSBURG FL 33705

Title DV  
Name BRODY, LISA L  
Address 2801 58TH CIRCLE SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33712

Title DS  
Name BARWICK, DHARVETTE  
Address 5634 22ND ST SO  
City-State-Zip: SAINT PETERSBURG FL 33712

Title DT  
Name DANDRIDGE, DEBORA  
Address 2667 GRANADA CIR E  
City-State-Zip: SAINT PETERSBURG FL 33712

*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:** CASSANDRA B WILLIAMS

**PRESIDENT**

03/13/2015

Electronic Signature of Signing Officer/Director Detail

Date