

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006972

Entity Name: OVERTOWN YOUTH CENTER, INC.**Current Principal Place of Business:**450 NW 14TH STREET
MIAMI, FL 33136**Current Mailing Address:**450 NW 14TH STREET
MIAMI, FL 33136 US**FEI Number:** 65-1048896**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MOURNING FAMILY FOUNDATION, INC.
450 NW 14TH STREET
MIAMI, FL 33136 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:** TINA BROWN

01/30/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	MOURNING, ALONZO HJR.
Address	450 NW 14TH STREET
City-State-Zip:	MIAMI FL 33136

Title	CEO
Name	BROWN, TINA
Address	450 NW 14TH STREET
City-State-Zip:	MIAMI FL 33136

Title	CHAIRMAN
Name	FEBRES, MICHELLE
Address	7705 NW 48TH STREET SUITE 100
City-State-Zip:	DORAL FL 33166

Title	D
Name	MARINO, STEPHEN A
Address	100 SE 2ND STREET - 30TH FLOOR
City-State-Zip:	MIAMI FL 33131

Title	SECRETARY
Name	ASION, ANDRES
Address	41 SE 5TH STREET SUITE CU-1
City-State-Zip:	MIAMI FL 33131

Title	T
Name	FURST, ALLEN
Address	3540 ROYAL PALM AVE
City-State-Zip:	COCONUT GROVE FL 33133

Title	D
Name	ALBERT, DOTSON
Address	1450 BRICKELL AVE 23RD FLOOR
City-State-Zip:	MIAMI FL 33131

Title	O
Name	RANDY, ESCOFFERY
Address	450 NW 14TH STREET
City-State-Zip:	MIAMI FL 33136

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: TINA BROWN

CEO

01/30/2023

Electronic Signature of Signing Officer/Director Detail

Date