

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000005395

**Entity Name:** JACLYN ELISSE CARES FOR YOUTH FOUNDATION, INC.

**Current Principal Place of Business:**

13401 SW 30 STREET  
MIAMI, FL 33175

**Current Mailing Address:**

13401 SW 30 STREET  
MIAMI, FL 33175

**FEI Number:** 46-2976731

**Certificate of Status Desired:** No

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

CASTRO, VILMA PHD  
13401 SW 30 STREET  
MIAMI, FL 33175 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:** VILMA CASTRO PHD., LMFT

01/12/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name CASTRO, VILMA PHD  
Address 13401 SW 30 STREET  
City-State-Zip: MIAMI FL 33175

Title VP  
Name BROTONS, DANIEL  
Address 1242 SW 132 CT  
City-State-Zip: MIAMI FL 33184

Title TREA  
Name CECIL, CAROL  
Address 3165 SW 153 AVE  
City-State-Zip: MIAMI FL 33185

Title TREASURER  
Name DREIZE, MIRIAM  
Address 2103 SW 173 AVE  
City-State-Zip: MIRAMAR FL 33029

Title SECRETARY  
Name ARGUELLES, MARIA E PHD  
Address 12780 SW 26 STREET  
City-State-Zip: MIAMI FL 33175

*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:** VILMA CASTRO PHD., LMFT

**PRESIDENT**

01/12/2017

Electronic Signature of Signing Officer/Director Detail

Date