		<u>.</u>	tered agent, or both, in the State o	01/20/2020
SIGNATURE	TURE: VILMA CASTRO PHD., LMFT			
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRES	Title	VP	
Name	CASTRO, VILMA PHD	Name	LUCENA, ERIKA	
Address	13401 SW 30 STREET	Address	3905 SW 125 AVE	
City-State-Zip:	MIAMI FL 33175	City-State-Zip:	MIAMI FL 33175	
Title	TREA	Title	TREASURER	
Name	PEREZ, PRISCILLA	Name	DREIZE, MIRIAM	
Address	4392 SW 146 AVE	Address	2103 SW 173 AVE	
City-State-Zip:	MIAMI FL 33175	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.

PRESIDENT

SIGNATURE: VILMA CASTRO PHD., LMFT

Electronic Signature of Signing Officer/Director Detail

# 2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

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

CASTRO VILMA PHD

FILED Jan 20, 2020 Secretary of State 1697147352CC

Certificate of Status Desired: No

01/20/2020

Date