

**2024 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:** Yes

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

CASTRO, PHD..LMFT, VILMA  
13401 SOUTHWEST 30TH STREET  
MIAMI, FL, 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

01/20/2024

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 LUCENA, ERIKA  
Address 3905 SW 125 AVE  
City-State-Zip: MIAMI FL 33175

Title TREA  
Name PEREZ, PRISCILLA  
Address 4392 SW 146 AVE  
City-State-Zip: MIAMI FL 33175

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

01/20/2024

Electronic Signature of Signing Officer/Director Detail

Date