

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000005004

**Entity Name:** JUST OLDER YOUTH, INC.

**Current Principal Place of Business:**

194 CORAL AVE  
TAVERNIER, FL 33070

**Current Mailing Address:**

P.O. BOX 1735  
TAVERNIER, FL 33070 US

**FEI Number: 83-1072262**

**Certificate of Status Desired: Yes**

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

BASTE, BETSY A  
194 CORAL AVE  
TAVERNIER, FL 33070 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            GALVEZ, BLANQUI  
Address        PO BOX 431410  
City-State-Zip: MIAMI FL 33243

Title            SEC  
Name            ZIMA-BORSKI, JILL  
Address        118 CORAL AVENUE  
City-State-Zip: TAVERNIER FL 33070

Title            VP  
Name            WILLNER-TAINOW, TERRY  
Address        175 PLANTATION AVENUE  
City-State-Zip: TAVERNIER FL 33070

Title            MEMBER  
Name            GOLDMAN, ABIGAIL  
Address        246 GUAVA AVE.  
City-State-Zip: MARATHON FL 33050

Title            MEM  
Name            WILKINSON, JERRY  
Address        38 EAST BEACH ROAD  
City-State-Zip: TAVERNIER FL 33070

Title            TREASURER  
Name            CALE, DAWN  
Address        110 EAST RIDGE ROAD  
City-State-Zip: ISLAMORADA FL 33036

Title            MEMBER  
Name            DOWNING, DENISE  
Address        154 OCALA DRIVE  
City-State-Zip: TAVERNIER FL 33070

Title            MEMBER  
Name            O'HARA-VETRICK, JUDY  
Address        136 TAVERN DRIVE  
City-State-Zip: TAVERNIER FL 33070

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*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: BLANQUI GALVEZ**

**PRESIDENT**

**04/26/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title MEMBER  
Name KIMBLE, AVERIL  
Address 81 JOHN SILVER DR.  
City-State-Zip: KEY LARGO FL 33037

Title MEMBER  
Name PAGE, ROBIN  
Address 87465 OLD HWY  
#107  
City-State-Zip: ISLAMORADA FL 33036