

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N18000005004

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

**Current Principal Place of Business:**

87500 OVERSEAS HWY  
ISLAMORADA, FL 33036

**Current Mailing Address:**

P.O. BOX 1735  
TAVERNIER, FL 33070 US

**FEI Number:** 83-1072262

**Certificate of Status Desired:** No

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

CORLEY, BEVERLY J  
118 SOUTH DRIVE  
ISLAMORADA, FL 33036 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:** BEVERLY J CORLEY

04/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
Name            BIERY, KARA  
Address        924 TROPICAL LANE  
City-State-Zip: KEY LARGO FL 33037

Title            MEMBER  
Name            REYES, CARY  
Address        1102 SE 12 TERRACE  
City-State-Zip: HOMESTEAD FL 33035

Title            TREASURER  
Name            CORLEY, BEVERLY J  
Address        118 SOUTH DRIVE  
City-State-Zip: ISLAMORADA FL 33036

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

Title            MEMBER  
Name            CALE, DAWN  
Address        110 E RIDGE RD  
City-State-Zip: ISLAMORADA FL 33036

Title            SECRETARY  
Name            KIMBLE, AVERIL  
Address        P.O. BOX 245  
City-State-Zip: QUINCY CA 95971

Title            MEMBER  
Name            WILLNER TAINOW, TERRY  
Address        175 PLANTATION AVENUE  
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:** SARAH S. MARTER

MEMBER

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title MEMBER  
Name MARTER, SARAH S  
Address 205 SUNSET BLVD  
City-State-Zip: KEY LARGO FL 33037

Title MEMBER  
Name SOTO, JESSICA  
Address 87475 OLD HIGHWAY, #218  
City-State-Zip: ISLAMORADA FL 33036