

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000002655

**FILED**  
**Jan 18, 2023**  
**Secretary of State**  
**8760519282CC**

**Entity Name:** YOUNG ANGELS CORPORATION

**Current Principal Place of Business:**

12284 COUNTRY WHITE CIRCLE  
TAMPA, FL 33635

**Current Mailing Address:**

12284 COUNTRY WHITE CIRCLE  
TAMPA, FL 33635 US

**FEI Number:** 83-4221244

**Certificate of Status Desired:** No

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

SOLIVAN, GAIL L  
12284 COUNTRY WHITE CIRCLE  
TAMPA, FL 33635 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:** GAIL SOLIVAN

01/18/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SOLIVAN, GAIL L  
Address        12284 COUNTRY WHITE CIRCLE  
City-State-Zip: TAMPA FL 33635

Title            DIRECTOR  
Name            WISE, TOM  
Address        12284 COUNTRY WHITE CIRCLE  
City-State-Zip: TAMPA FL 33635

Title            DIRECTOR  
Name            SOLIVAN, HANNAH  
Address        12284 COUNTRY WHITE CIRCLE  
City-State-Zip: TAMPA FL 33635

Title            VP  
Name            MAE, URSULA  
Address        12284 COUNTRY WHITE CIRCLE  
City-State-Zip: TAMPA FL 33635

Title            TREASURER  
Name            STROCCHIO, TOM  
Address        12284 COUNTRY WHITE CIRCLE  
City-State-Zip: TAMPA FL 33635

Title            DIRECTOR  
Name            RUBIN, TANYA  
Address        12284 COUNTRY WHITE CIRCLE  
City-State-Zip: TAMPA FL 33635

Title            DIRECTOR  
Name            PATIDES, LISA  
Address        12284 COUNTRY WHITE CIRCLE  
City-State-Zip: TAMPA FL 33635

Title            DIRECTOR  
Name            SHEPHERD, DON L  
Address        12284 COUNTRY WHITE CIRCLE  
City-State-Zip: TAMPA FL 33635

*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:** GAIL L SOLIVAN

**PRESIDENT**

01/18/2023

Electronic Signature of Signing Officer/Director Detail

Date