

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

DOCUMENT# N20000011393

**Entity Name:** YOU TOUCH AFRICA - USA INC.

**Current Principal Place of Business:**

1125 INVERNESS DR  
SAINT AUGUSTINE, FL 32092

**Current Mailing Address:**

1125 INVERNESS DR  
SAINT AUGUSTINE, FL 32092 US

**FEI Number: 85-3826728**

**Certificate of Status Desired: No**

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

DAVIDSON, MARY ELLEN  
1125 INVERNESS DR  
SAINT AUGUSTINE, FL 32092 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: MARY ELLEN DAVIDSON**

**04/29/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            KELLAMIS, DAUNIA  
Address        1132 SANDLAKE RD  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title            TREASURER, DIRECTOR  
Name            DAVIDSON, MARY ELLEN  
Address        1125 INVERNESS DR  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title            DIRECTOR  
Name            LEKULE, ARBOGAST  
Address        CHURCH OF THE SACRED HEART OF JESUS  
63 WEST STREET, SITTINGBOURNE  
City-State-Zip: KENT ENGLAND ME10 1AN

Title            DIRECTOR  
Name            BARRY, MARY C  
Address        171 LATERRA LINKS CIRCLE  
UNIT 202  
City-State-Zip: ST AUGUSTINE FL 32092

Title            DIRECTOR  
Name            MCBRIDE, STEPHEN ALLEN  
Address        1125 INVERNESS DR  
City-State-Zip: SAINT AUGUSTINE FL 32092-2765

Title            DIRECTOR  
Name            LEATHERS, JOHN  
Address        171 LATERRA LINKS CIRCLE  
UNIT 202  
City-State-Zip: SAINT AUGUSTINE FL 32092

*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: MARY ELLEN DAVIDSON**

**TREASUER**

**04/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date