2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2025
Secretary of State
0469612797CC

DOCUMENT# N16000000164

Entity Name: YOUTH 4 ORPHANS, INC.

Current Principal Place of Business:

2258 CAMPESTRE TERRACE
NAPLES, FL 34119

Current Mailing Address:

2258 CAMPESTRE TERRACE
NAPLES, FL 34119 US

FEI Number: 81-1047707

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAND, TERRY L
2258 CAMPESTRE TERRACE
NAPLES, FL 34119 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	SECRETARY
Name	CONA, MADI
Address	2435 BUTTERFLY PALM
City-State-Zip:	NAPLES FL 34119

Title	DIRECTOR
Name	HAND, JENNIFER
Address	2258 CAMPESTRE TERRACE
City-State-Zip:	NAPLES FL 34119

Title	DIRECTOR
Name	JOSEPHSON, SERENA
Address	9255 THE LANE
City-State-Zip:	NAPLES FL 34109

Title	DIRECTOR
Name	DESIRE, DARRANS M
Address	2368 ANGUILLA DR. UNIT 102
City-State-Zip:	NAPLES FL 34120

Title	PRESIDENT
Name	HAND, TERRY L
Address	2258 CAMPESTRE TERRACE
City-State-Zip:	NAPLES FL 34119

Title	CHAIRMAN
Name	PYTLIK, PETER
Address	173 WEST ST.
City-State-Zip:	NAPLES FL 34108

Title	DIRECTOR
Name	SPEARS, CHARLES E
Address	27941 RIVERWALK WAY
City-State-Zip:	BONITA SPRINGS FL 34134

Title	TREASURER
Name	EDWARDS, GINA
Address	8141 LAS PALMAS WAY
City-State-Zip:	NAPLES FL 34109

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: JENNIFER HAND DIRECTOR 02/10/2025

Electronic Signature of Signing Officer/Director Detail — Date