

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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 DIRECTOR
Name ROWE, WILLIAM W
Address 9792 PENNSYLVANIA AVE
City-State-Zip: BONITA SPRINGS FL 34935

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 TIPPET, THOMAS A
Address 4389 JOHN SHIELDS PKWY
302
City-State-Zip: DUBLIN OH 43017

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 TREASURER
Name BLANKENSHIP, EDWARD H.
Address 510 BOW LINE DR.
City-State-Zip: NAPLES FL 34103

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****05/14/2019**

Electronic Signature of Signing Officer/Director Detail

Date