

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

DOCUMENT# N17000003776

**Entity Name:** YAYA HUMANITARIAN FOUNDATION, INC.**Current Principal Place of Business:**1011 W MAIN ST STE 3  
IMMOKALEE, FL 34142**Current Mailing Address:**1011 W MAIN ST STE 3  
IMMOKALEE, FL 34142 US**FEI Number:** 82-1150304**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HERARD, PETER  
2421 2ND AVE NE  
NAPLES, FL 34120 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	CEO
Name	HERARD, ELISSOY
Address	3606 KENT DR
City-State-Zip:	NAPLES FL 34112

Title	P
Name	SIMILIEN, MARIE FABIOLA
Address	5424 CAMERON DR
City-State-Zip:	AVE MARIA FL 34142

Title	VP
Name	COSNET, AGELUS
Address	736 CRESTVIEW CIRCLE APT 107
City-State-Zip:	IMMOKALEE FL 34142

Title	EXECUTIVE SECRETARY
Name	HERARD, PETER
Address	2421 2ND AVE NE
City-State-Zip:	NAPLES FL 34120

Title	D
Name	BOILEAU, FRANCIUS
Address	4730 GOLDEN GATE PKWY
City-State-Zip:	NAPLES FL 34116

Title	D
Name	ROUSSEAU, KARL STANLEY
Address	1541 BIRDIE DR
City-State-Zip:	NAPLES FL 34120

Title	D
Name	SINJUSTE, JACQUES
Address	559 FOX CREEK DR
City-State-Zip:	LEHIGH ACRES FL 33974

Title	D
Name	FRANCOIS, JOCELYNE
Address	4523 31ST AVE SW
City-State-Zip:	NAPLES FL 34116

**Continues on page 2**

*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: PETER HERARD****SECRETARY****04/30/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	TREASURER
Name	PIERRE TURENNE, MARIE ROSAIRE
Address	5206 HARDEE ST
City-State-Zip:	NAPLES FL 34113