

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000002509

Entity Name: LIFE CARE YOUTH COMMUNITY DEVELOPMENT
ORGANIZATION INC.

Current Principal Place of Business:

3431 SW HAINES ST.
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

3431 SW HAINES ST.
PORT SAINT LUCIE, FL 34953 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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: DAVID ROBERTS

04/28/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name JOSEPH, YVENS
Address 3431 SW HAINES ST.
City-State-Zip: PORT SAINT LUCIE FL 34953

Title SD
Name PIERRE LOUIS, FRANCOISE
Address 3431 SW HAINES ST.
City-State-Zip: PORT SAINT LUCIE FL 34953

Title D
Name CANOIS, BRIDGITTE
Address 3431 SW HAINES ST.
City-State-Zip: PORT SAINT LUCIE FL 34953

Title TD
Name DOMINQUE, MARIE URSULE
Address 3431 SW HAINES ST.
City-State-Zip: PORT SAINT LUCIE FL 34953

Title P, D
Name CHERISOL, BURNET
Address 3431 SW HAINES ST.
City-State-Zip: PORT SAINT LUCIE FL 34953

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: BURNET CHERISOL

DIRECTOR

04/28/2025

Electronic Signature of Signing Officer/Director Detail

Date