

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005430

**Entity Name:** YOUNG HUMANITARIANS INC.

**Current Principal Place of Business:**

345 S CONGRESS AVE  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

5373 LAKEFRONT BLVD  
APT C  
DELRAY BEACH, FL 33484 US

**FEI Number:** 74-3058210

**Certificate of Status Desired:** No

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

VICTORIAN, MARIE S  
5373 LAKEFRONT BLVD  
APT C  
DELRAY BEACH, FL 33484 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            PRESIDENT  
Name            VICTORIN, MARIE S  
Address        5373 LAKEFRONT BLVD  
                  APT C  
City-State-Zip: DELRAY BEACH FL 33484

Title            LCD  
Name            SANDOVAL, ANI  
Address        3010 SW 21 TERRACE #34A  
City-State-Zip: DELRAY BCH FL 33445

Title            LCD  
Name            CANTAVE, JACQUELINE  
Address        5373 LAKEFRONT BLVD  
                  APT C  
City-State-Zip: DELRAY BEACH FL 33484

Title            OFFICER  
Name            ALLEN, PAULINA  
Address        5373 LAKEFRONT BLVD  
                  APT C  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            POONAI, INDERA  
Address        4870 DOCKSIDE DR #K  
City-State-Zip: COCONUT BEACH FL 33063

Title            DIRECTOR  
Name            BATRAVILLE, JACQUELINE  
Address        2857 NW 34TH ST  
City-State-Zip: BOCA RATON FL 33434

Title            OFFICER  
Name            CANTAVE, WINNIE  
Address        5373 LAKEFRONT BLVD  
                  APT C  
City-State-Zip: DELRAY BEACH FL 33484

Title            OFFICER  
Name            GOURGUE, DJENANE  
Address        5373 LAKEFRONT BLVD  
                  APT C  
City-State-Zip: DELRAY BEACH FL 33484

*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:** MARIE VICTORIN

**PRESIDENT**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date