

2022 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

03/29/2022

Electronic Signature of Signing Officer/Director Detail

Date