

2023 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F99000005353

Entity Name: YOUTH ADVOCATE PROGRAMS, INC.

Current Principal Place of Business:

3899 NORTH FRONT STREET
HARRISBURG, PA 17110

Current Mailing Address:

3899 NORTH FRONT STREET
HARRISBURG, PA 17110 US

FEI Number: 23-1977514

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 YOUNG, A. TONI
Address 3899 NORTH FRONT STREET
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name WILLIAMS, M.A. MAMIE JACKSON
Address 3899 NORTH FRONT STREET
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name WARD, , STEPHEN
Address 3899 NORTH FRONT STREET
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name WACHOB, WILLIAM
Address 3899 NORTH FRONT STREET
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name SNYDER, JASEPH A.
Address 3899 NORTH FRONT STREET
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name PERCEL JOHNSON,, SEBASTIAN DAVID
Address 3899 NORTH FRONT STREET
City-State-Zip: HARRISBURG PA 17110

Title SECRETARY
Name LINCOLN, JANET
Address 3899 NORTH FRONT STREET
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name HUGHES, DONNCHA
Address 3899 NORTH FRONT STREET
City-State-Zip: HARRISBURG PA 17110

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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: JANET LINCOLN, _____

SECRETARY

03/06/2023

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FOSTER, THOMAS
Address 3899 NORTH FRONT STREET
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name BROWN, KAMIA
Address 3899 NORTH FRONT STREET
City-State-Zip: HARRISBURG PA 17110

Title TREASURER
Name CAMPBELL, CLARENCE
Address 3899 NORTH FRONT STREET
City-State-Zip: HARRISBURG PA 17110