

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

DOCUMENT# F99000005353

**Entity Name:** YOUTH ADVOCATE PROGRAMS, INC.

**Current Principal Place of Business:**

3899 N FRONT STREET  
HARRISBURG, PA 17110

**Current Mailing Address:**

3899 N 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, TONI  
Address        3899 N FRONT STREET  
City-State-Zip: HARRISBURG PA 17110

Title           CHAIRMAN OF THE BOARD  
Name           REESE, TREMAINE  
Address        3899 N FRONT STREET  
City-State-Zip: HARRISBURG PA 17110

Title           VICE-CHAIRMAN  
Name           SEPULVEDA, JUAN  
Address        3899 N FRONT STREET  
City-State-Zip: HARRISBURG PA 17110

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

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

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

Title           DIRECTOR  
Name           ADAMS, TRACEY MORANT  
Address        3899 N FRONT STREET  
City-State-Zip: HARRISBURG PA 17110

Title           DIRECTOR  
Name           GEE, JAMES  
Address        3899 N 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:** RICHARD L STOTTLEMYER II

**CFO**

**04/11/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name KHAN, HUSNAH  
Address 3899 N FRONT STREET  
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR  
Name WILLIAMS, MAMIE JACKSON  
Address 3899 N FRONT STREET  
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR  
Name LESTER, MARK  
Address 3899 N FRONT STREET  
City-State-Zip: HARRISBURG PA 17110

Title CFO  
Name STOTTLEMYER, RICHARD L II  
Address 3899 N FRONT STREET  
City-State-Zip: HARRISBURG PA 17110

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

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

Title DIRECTOR  
Name WATSON, ELLANA  
Address 3899 N FRONT STREET  
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR  
Name ARNOLD, SHARON  
Address 3899 N FRONT STREET  
City-State-Zip: HARRISBURG PA 17110