

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

DOCUMENT# N21000002815

**FILED**  
**Jan 18, 2023**  
**Secretary of State**  
**4846051804CC**

**Entity Name:** RESILIENCE YOUTH NETWORK INC.

**Current Principal Place of Business:**

441 NE 52ND ST  
MIAMI, FL 33137

**Current Mailing Address:**

441 NE 52ND ST  
MIAMI, FL 33137 US

**FEI Number: 86-2827046**

**Certificate of Status Desired: No**

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

CORPORATE SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            FOUNDER  
Name            FETELL, ROBERT HENRY  
Address        1331 BRICKELL BAY DRIVE  
                  APT. 3907  
City-State-Zip: MIAMI FL 33131

Title            CHAIR  
Name            RODRIGUEZ, ALEC  
Address        12445 SW 99 AVE  
City-State-Zip: MIAMI FL 33176

Title            DIR  
Name            PAPADOPOULOS, ELIZABETH  
Address        441 NE 52ND ST  
City-State-Zip: MIAMI FL 33137

Title            FINANCE CHAIR  
Name            ARESTY, CHARLES  
Address        175 RIVERSIDE DRIVE  
City-State-Zip: NEW YORK NY 10024

Title            VICE CHAIR  
Name            GRADY, CASSIDY  
Address        730 N SUMMIT BLVD  
                  UNIT 206  
City-State-Zip: FRISCO CO 80443

Title            SECRETARY  
Name            KOBAYASHI, LAUREN  
Address        600 WEST MAIN STREET  
                  UNIT 611  
City-State-Zip: DURHAM NC 27701

Title            COMMUNICATIONS CHAIR  
Name            SAMANTHA, CRISTOL  
Address        440 K ST NW  
                  APT 805  
City-State-Zip: WASHINGTON DC 20001

Title            DIRECTOR  
Name            WANSBROUGH, KRISTEN  
Address        834 CHESTNUT ST  
                  UNIT 719  
City-State-Zip: PHILADELPHIA PA 19107

**Continues on page 2**

*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: ROBERT FETELL**

**FOUNDER**

**01/18/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OPERATIONS CHAIR  
Name BENJAMIN, NORRITO  
Address 510 171ST ST  
UNIT 1B  
City-State-Zip: NEW YORK NY 10032