

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

DOCUMENT# N00000000559

**Entity Name:** FLORIDA YOUTH FOUNDATION, INC.**Current Principal Place of Business:**2737 CENTERVIEW DR.  
STE 3100  
TALLAHASSEE, FL 32399-3100**Current Mailing Address:**2737 CENTERVIEW DR.  
STE 3100  
TALLAHASSEE, FL 32399-3100**FEI Number:** 59-3623272**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAKER, SHANNON MAURICE  
2737 CENTERVIEW DRIVE  
STE 3100  
TALLAHASSEE, FL 32399-3100 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:** SHANNON MAURICE BAKER

04/05/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	MITCHELL, PAUL
Address	PO BOX 10570
City-State-Zip:	TALLAHASSEE FL 32302
Title	DIRECTOR
Name	MAYS, DOREA
Address	8990 INTERNATTIONAL DRIVE STE 200
City-State-Zip:	ORLANDO FL 32819
Title	EXECUTIVE DIRECTOR
Name	BAKER, SHANNON MAURICE
Address	2737 CENTERVIEW DR. STE 3100
City-State-Zip:	TALLAHASSEE FL 32399-3100
Title	DIRECTOR
Name	DALY-BRODEUR, CHRISTY
Address	201 E PARK AVE FLOOR 5
City-State-Zip:	TALLAHASSEE FL 32301

Title	VC
Name	MUHAMMAD, TADAR
Address	1940 CANNERY BLVD DR. NELSON YING CENTER
City-State-Zip:	ORLANDO FL 32804
Title	DIRECTOR
Name	WALTERS, WANSLEY
Address	201 E PARK AVE FLOOR 5
City-State-Zip:	TALLAHASSEE FL 32301
Title	CHAIR
Name	BROWN, MONESIA
Address	1700 NORTH MONROE STREET SUITE 11-119
City-State-Zip:	TALLAHASSEE FL 32303
Title	DIRECTOR
Name	GALLAGHER, MEAGAN
Address	2300 MAITLAND CENTER PKWY STE 306
City-State-Zip:	MAITLAND FL 32571

**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:** SHANNON M. BAKER

EXECUTIVE DIRECTOR

04/05/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GONZALEZ, ISABEL  
Address 111 E LAS OLAS BLVD  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name TERRY, JARRETT PHD  
Address 222 S. COPELAND STREET  
212 WESCOTT BUILDING  
City-State-Zip: TALLAHASSEE FL 32306-1310

Title DIRECTOR  
Name FIGGERS, FREDDIE  
Address 3810 INVERRAY BLVD.  
SUITE 401  
City-State-Zip: FORT LAUDERALE FL 33319

Title DIRECTOR  
Name SMITH, DEE ANN  
Address 4510 ROCKBRIDGE HOLLOW  
City-State-Zip: TALLAHASSEE FL 32309