I hereby certify that the information indicated on this report or supplemental report is true and accurate and tha oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this rep above, or on an attachment with all other like empowered.		
SIGNATURE MARY L YOUNG	EXECUTIVE DIRECTOR	05/02/2024

SIGNATURE: MARY L. YOUNG

Electronic Signature of Signing Officer/Director Detail

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:

Officer/Director Detail :

Title	PD	Title	D
Name	YOUNG, MARY L DR.	Name	SMITH, WILLIE MR
Address	PO BOX 5452	Address	8812 SASSASFRAS TRAIL
City-State-Zip:	TALLAHASSEE FL 32314	City-State-Zip:	TALLAHASSEE FL 32309
Title	VPD		
Mana			
Name	WOODY, MATTHEW MR		
Address	23657 WEST LEVI DRIVE		
Address			

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0200005186

Entity Name: MICCOSUKEE YOUTH EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

13887 MOCCASIN GAP ROAD TALLAHASSEE, FL 32309

Current Mailing Address:

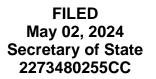
P.O. BOX 5452 TALLAHASSEE, FL 32314

FEI Number: 52-2378923

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

YOUNG, MARY L 9538 W W BELL TERRACE TALLAHASSEE, FL 32309 US



Certificate of Status Desired: No

EXECUTIVE DIRECTOR

Date

Date