

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

DOCUMENT# N02000005186

**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

**Certificate of Status Desired:** No

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

YOUNG, MARY L  
9538 W W BELL TERRACE  
TALLAHASSEE, FL 32309 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 PD  
Name YOUNG, MARY L DR.  
Address PO BOX 5452  
City-State-Zip: TALLAHASSEE FL 32314

Title D  
Name SMITH, WILLIE MR  
Address 8812 SASSASFRAS TRAIL  
City-State-Zip: TALLAHASSEE FL 32309

Title VPD  
Name WOODY, MATTHEW MR  
Address 23657 WEST LEVI DRIVE  
City-State-Zip: BUCKEYE AZ 85326

*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:** MARY L. YOUNG

**EXECUTIVE DIRECTOR**

**05/02/2024**

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

\_\_\_\_\_  
Date