

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

DOCUMENT# N20000008309

**Entity Name:** AZIRA MICHEAL YOUTH FOUNDATION CORP

**Current Principal Place of Business:**

15918 INNERARITY POINT ROAD  
PENSACOLA, FL 32507

**Current Mailing Address:**

15918 INNERARITY POINT ROAD  
PENSACOLA, FL 32507 UN

**FEI Number: 85-2339969**

**Certificate of Status Desired: No**

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

AZIRA, MICHEAL  
15918 INNERARITY POINT ROAD  
PENSACOLA, FL 32507 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 P  
Name AZIRA, MICHEAL  
Address 15918 INNERARITY POINT ROAD  
City-State-Zip: PENSACOLA FL 32507

Title SECRETARY  
Name ALLEN, LINDSEY  
Address 5732 NUGGET CT. NE  
City-State-Zip: ALBUQUERQUE NM 87111

Title T  
Name MAWANDA, MUSA  
Address 318 TRISTA LANE, APT A  
City-State-Zip: GLASGOW KY 42141

Title PROJECT MANAGER  
Name KAYEMBA, ISMAIL  
Address KIBOGA TOWN COUNCIL  
City-State-Zip: BUKOMERO KIBOGA DISTRICT 256

Title PROGRAM COORDINATOR  
Name MWERA, JIMMY KINTU MR  
Address MUKONO  
City-State-Zip: KAMPALA KAMPALA CENTRAL 256

Title ASST. COORDINATOR  
Name MAKOBA, DENNIS BIGALA MR.  
Address MAKERERE KIVULU  
City-State-Zip: KAMPALA KAMPALA CENTRAL 256

Title VICE PRESIDENT  
Name MARK, HALLAMORE  
Address 1151 GRACE ST NE  
City-State-Zip: RIO RANCHO NM 87144

Title SOCIAL MEDIA COORDINATOR  
Name GUTHRIE, RANDI BROOKE  
Address P.O BOX 67062  
City-State-Zip: ALBUQUERQUE NM 87193

**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: MICHEAL AZIRA**

**PRESIDENT**

**01/20/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR OF COMMUNICATIONS  
Name            NYEMB , JUNIOR  
Address        921 PARK CENTER DR  
                  308  
City-State-Zip: MATHEWS NC 28105

Title            ASSISTANT PROJECT MANAGER/  
                  UGANDA  
Name            WALUSIMBI, GODFREY  
Address        NSANGI- WAKISO DISTRICT  
City-State-Zip: NSANGI UGANDA 256