# 2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N20000008309

Entity Name: AZIRA MICHEAL YOUTH FOUNDATION CORP

FILED
Apr 25, 2023
Secretary of State
1610202153CC

#### **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	Title	SECRETARY
Name	AZIRA, MICHEAL	Name	ALLEN, LINDSEY
Address	15918 INNERARITY POINT ROAD	Address	5732 NUGGET CT. NE

City-State-Zip: PENSACOLA FL 32507 City-State-Zip: ALBUQUERQUE NM 87111

 Title
 T
 Title
 PROGRAM COORDINATOR

 Name
 MAWANDA, MUSA
 Name
 MWERA, JIMMY KINTU MR

Address 318 TRISTA LANE, APT A Address MUKONO

City-State-Zip: GLASGOW KY 42141 City-State-Zip: KAMPALA KAMPALA CENTRAL 256

Title ASST. COORDINATOR Title SOCIAL MEDIA COORDINATOR

Name MAKOBA, DENNIS BIGALA MR. Name GUTHRIE, RANDI BROOKE

Address MAKERERE KIVULU Address P.O BOX 67062

City-State-Zip: KAMPALA KAMPALA CENTRAL 256 City-State-Zip: ALBUQUERQUE NM 87193

Title DIRECTOR OF COMMUNICATIONS Title ASSISTANT PROJECT MANAGER/UGANDA

Name NYEMB , JUNIOR Name WALUSIMBI, GODFREY

Address 921 PARK CENTER DR Address NSANGI- WAKISO DISTRICT

City-State-Zip: MATHEWS NC 28105 City-State-Zip: NSANGI UGANDA 256

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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 04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title ASSISTANT MEDIA COORDINATOR Title DIRECTOR OF OPERATIONS

NameABBIE, JONESNameKIZZA, DIANAAddress2103 LEVEE ROADAddressP.O BOX 104812

City-State-Zip: CORINTH MS 38834 City-State-Zip: KAMPALA UGANDA 256