

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 732327 (2)

1. Corporation Name  
THE MICCOSUKEE LAND CO-OP, INC.



Principal Place of Business Mailing Address  
9601 MICCOSUKEE RD #23A TALLAHASSEE FL 32308  
9601 MICCOSUKEE RD #23A TALLAHASSEE FL 32308-1487

3. Date Incorporated or Qualified 04/02/1975  
3a. Date of Last Report 04/26/1996

2. Principal Place of Business 21 2a. Mailing Address 26  
Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27  
City & State 23 City & State 28  
Zip 24 Country 25 Zip 29 Country 30  
4. FEI Number 59-1626684 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
HERMANN, FRESE  
9601 MICCOSUKEE ROAD, 32  
MICCOSUKEE AND CRUMP ROADS  
TALLAHASSEE FL 32308  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	POWERS, DEBORAH	1.2 NAME	
STREET ADDRESS	3885 IMAGINARY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEATON, LINDA	2.2 NAME	Patty Mitchell
STREET ADDRESS	9471 AVENIDA DE LA LUNA	2.3 STREET ADDRESS	9601 Miccosukee Rd. #62
CITY-ST-ZIP	TALLAHASSEE FL 00000	2.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE, KELLEY	3.2 NAME	Sarah Rychlik
STREET ADDRESS	9601 MICCOSUKEE ROAD #47	3.3 STREET ADDRESS	9601 Miccosukee Rd. #68
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGHYBILL, JANE	4.2 NAME	
STREET ADDRESS	9601 MICCOSUKEE ROAD, 9	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, PRESTON	5.2 NAME	
STREET ADDRESS	9601 MICCOSUKEE ROAD, 73	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDE, BILLY	6.2 NAME	
STREET ADDRESS	9601 MICCOSUKEE RD #2	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date 3-27-97 Daytime Phone 904/878-1937

CR2E037 (9/96)