

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732327

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: THE MICCOSUKEE LAND CO-OP, INC.

**Current Principal Place of Business:**

9601 MICCOSUKEE RD #23A  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

9601 MICCOSUKEE RD #23A  
TALLAHASSEE, FL 32309

**New Mailing Address:**

FEI Number: 59-1626684      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HERMANN, FRESE  
9601 MICCOSUKEE ROAD, 32  
TALLAHASSEE, FL 32309      US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TERRELL, JANE  
Address: 9601 MICCOSUKEE RD #58  
City-St-Zip: TALLAHASSEE, FL 32309

Title: P ( ) Delete  
Name: DEATON, ED  
Address: 9601 MICCOSUKEE RD #25  
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD ( ) Delete  
Name: RYCHLIK, SARAH  
Address: 9601 MICCOSUKEE RD., #68  
City-St-Zip: TALLAHASSEE, FL 32309

Title: T ( ) Delete  
Name: WOZNAIK, MEGHAN  
Address: 9601 MICCOSUKEE RD #72  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: SHEEKS, EDITH  
Address: 9601 MICCOSUKEE RD #37  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MEGHAN WOZNAIK

T

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date