


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90310 041 ****61.25

DOCUMENT # 732327					
1. Entity Name THE MICCOSUKEE LAND CO-OP, INC.					
Principal Place of Business 9601 MICCOSUKEE RD #23A TALLAHASSEE, FL 32309			Mailing Address 9601 MICCOSUKEE RD #23A TALLAHASSEE, FL 32309		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1626684	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
HERMANN, FRESE 9601 MICCOSUKEE ROAD, 32 TALLAHASSEE, FL 32309				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRELL, JANE		NAME	Mike Rychlik	
STREET ADDRESS	9601 MICCOSUKEE RD #58		STREET ADDRESS	9601-68 Miccosukee Rd	
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEATON, ED		NAME	Judith Lyons	
STREET ADDRESS	9601 MICCOSUKEE RD #25		STREET ADDRESS	9601-55 Miccosukee Rd	
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYCHLIK, SARAH		NAME		
STREET ADDRESS	9601 MICCOSUKEE RD., #68		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOZNIAK, MEGHAN		NAME		
STREET ADDRESS	9601 MICCOSUKEE RD #72		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEEKS, EDITH		NAME	Preston Howard	
STREET ADDRESS	9601 MICCOSUKEE RD #37		STREET ADDRESS	9601 Miccosukee Rd #43	
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Mike Rychlik 3/30/06 (850) 877-5089		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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