


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90075 010 ****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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

40099561



04242007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1626684

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYCHLIK, MIKE 9601-68 MICCOSUKEE RD TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, JUDITH 9601 -55 MICCOSUKEE RD TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RYCHLIK, SARAH 9601 MICCOSUKEE RD., #68 TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOZNIAK, MEGHAN 9601 MICCOSUKEE RD #72 TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESTON, HOWARD 9601 MICCOSUKEE RD SUITE 43 TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Frese, Hermann 9601-32 miccosukee Rd Tallahassee, FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dawon, Brian 9601-85 miccosukee Rd Tallahassee, FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] 4/30/07 850-878-0414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT
400.99567
Division of Corporations

Annual Report

Annual Report Help

Document Number
732327

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

FEI Number	591626684			
FEI Number Status	Listed Above	Applied For	Not Applicable	
Certificate of Status Desired	Yes	No	\$8.75 each	
Election Campaign Financing Trust Fund Contribution	Yes	No		

Principal Place of Business

Address 9601 MICCOSUKEE RD #23A
Suite, Apt. #, etc.
City, State TALLAHASSEE, FL
Zip Code & Country 32309

Mailing Address

Address 9601 MICCOSUKEE RD #23A
Suite, Apt. #, etc.
City, State TALLAHASSEE, FL
Zip Code & Country 32309

Name and Address of Registered Agent

Name (Last, First, Middle, Title) HERMANN, FRESE,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 9601 MICCOSUKEE ROAD, 32
Suite, Apt. #, etc.
City, State TALLAHASSEE, FL
Zip Code & Country 32309 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT 40099567

732327

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) RYCHLIK, MIKE

- OR -

Entity Name to serve as Officer/Director

Street Address 9601-32 MICCOSUKEE RD
City, State TALLAHASSEE, FL
Zip Code & Country 32309

Title D
Name (Last, First, Middle, Title) LYONS, JUDITH

- OR -

Entity Name to serve as Officer/Director

Street Address 9601 -55 MICCOSUKEE RD
City, State TALLAHASSEE, FL
Zip Code & Country 32309

Title SD
Name (Last, First, Middle, Title) RYCHLIK, SARAH

- OR -

Entity Name to serve as Officer/Director

Street Address 9601 MICCOSUKEE RD., #68
City, State TALLAHASSEE, FL
Zip Code & Country 32309

Title T

Division of Corporations

ATTACHMENT

40099567

Sawyer
~~WOZNIAK~~

Briant # 732327
~~MEGHAN~~

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

9601 MICCOSUKEE RD #72

City, State

TALLAHASSEE, FL

Zip Code & Country

32309

Title

D

Name (Last, First, Middle, Title)

PRESTON, HOWARD

- OR -

Entity Name to serve as
Officer/Director

Street Address

9601 MICCOSUKEE RD SUITE 43

City, State

TALLAHASSEE, FL

Zip Code & Country

32309

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Secretary

Officer/Director Signature

Sah Zohabi

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset