


**2004-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
04 MAY 14 PM 4:11

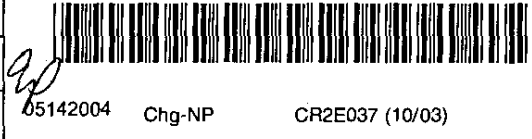
DOCUMENT # N02000005186  
1. Entity Name  
MICCOSUKEE YOUTH EDUCATION FOUNDATION, INC.



Principal Place of Business PO BOX 5452 TALLAHASSEE, FL 32314  
Mailing Address PO BOX 5452 TALLAHASSEE, FL 32314

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State Zip Country



4. FEI Number 52-2378923 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WILLIAMS, MANDY W MRS  
9801 VETERANS MEMORIAL DR  
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 September 8, 2004  
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	P	<input type="checkbox"/> Delete
NAME	YOUNG, MARY L DR	
STREET ADDRESS	PO BOX 5452	
CITY-ST-ZIP	TALLAHASSEE, FL 32314	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, WILLIE MR	
STREET ADDRESS	8812 SASSASFRAS TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOODY, MATTHEW MR	
STREET ADDRESS	3452 SHERIDAN CHASE	
CITY-ST-ZIP	MARIETTA, GA 30067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800037026878	
CITY-ST-ZIP	05/24/04--01017--019 **61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: Mary L. Young 5-15-04 (850) 893-5241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #