

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



05012006 No Chg-NP CR2E037 (4/06)

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**

DO NOT WRITE IN THIS SPACE

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 _____ (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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	YOUNG, MARY L DR
STREET ADDRESS	PO BOX 5452
CITY- ST- ZIP	TALLAHASSEE, FL 32314
TITLE	V
NAME	SMITH, WILLIE MR
STREET ADDRESS	8812 SASSASFRAS TRAIL
CITY- ST- ZIP	TALLAHASSEE, FL 32309
TITLE	V
NAME	WOODY, MATTHEW MR
STREET ADDRESS	3452 SHERIDAN CHASE
CITY- ST- ZIP	MARIETTA, GA 30067
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1100000559473
 05/17/06-60137-024 61.25

DO NOT WRITE IN THIS SPACE

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: Mary L. Young / Mary L. Young 5-1-06 (850) 893-5241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #