



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000005186						FILED 07 MAY -4 AM 8:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA 		
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 - No P.O. Box # 13887 MOCCASIN GAP RD.		3. Mailing Address		Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Tallahassee, FL		City & State		4. FEI Number 52-2378923		Applied For <input type="checkbox"/> Not Applicable		
Zip 32309		Country LEON		Zip		Country		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>								
Filing Fee is \$61.25 Due by September 14, 2007			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 NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, MARY L DR PO BOX 5452 TALLAHASSEE, FL 32314 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, WILLIE MR 8812 SASSAFRAS TRAIL TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOODY, MATTHEW MR 3452 SHERIDAN CHASE MARIETTA, GA 30067 <input type="checkbox"/> Delete			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"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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: <u>Mary L. Young</u>				5-4-07 (850) 893-5241				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>				