

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 30, 2009
Secretary of State**

DOCUMENT# N02000005186

Entity Name: MICCOSUKEE YOUTH EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

13887 MOCCASIN GAP ROAD
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 5452
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 52-2378923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, MANDY W MRS
9801 VETERANS MEMORIAL DR
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YOUNG, MARY L DR
Address: PO BOX 5452
City-St-Zip: TALLAHASSEE, FL 32314

Title: V () Delete
Name: SMITH, WILLIE MR
Address: 8812 SASSASFRAS TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: V () Delete
Name: WOODY, MATTHEW MR
Address: 3452 SHERIDAN CHASE
City-St-Zip: MARIETTA, GA 30067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR MARY L YOUNG

P

06/30/2009

Electronic Signature of Signing Officer or Director

_____ Date