

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005186

FILED  
Feb 23, 2012  
Secretary of State

**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:**

P.O. BOX 5452  
TALLAHASSEE, FL 32314

**New Mailing Address:**

FEI Number: 52-2378923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YOUNG, MARY L  
9538 W W BELL TERRACE  
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: PD  
Name: YOUNG, MARY L DR  
Address: PO BOX 5452  
City-St-Zip: TALLAHASSEE, FL 32314

Title: D  
Name: SMITH, WILLIE MR  
Address: 8812 SASSASFRAS TRAIL  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VPD  
Name: WOODY, MATTHEW MR  
Address: 3452 SHERIDAN CHASE  
City-St-Zip: MARIETTA, GA 30067

I hereby 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 all other like empowered.

SIGNATURE: MARY L YOUNG

PD

02/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date