


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 03, 2003 8:00 am
Secretary of State

09-03-2003 90019 024 ****61.25

0002164

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

City & State

Zip Country Zip Country

4. FEI Number
52-2378923

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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 NAME	P YOUNG, MARY L DR	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 5452	
CITY-ST-ZIP	TALLAHASSEE FL 32314	
TITLE NAME	V FORBES, FRANCES MRS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6659 VETERANS MEMORIAL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE NAME	V WOODY, MATTHEW MR	<input type="checkbox"/> Delete
STREET ADDRESS	3452 SHERIDAN CHASE	
CITY-ST-ZIP	MARIETTA GA 30067	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Willie Smith MR	
CITY-ST-ZIP	8812 Sassasfras Trail Tallahassee, FL 32309	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 **9-2-03** (850) 893-5241

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

CR2E037 (4/03)