


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90332 040 ****61.25

DOCUMENT # N96000005685

1. Entity Name
MID FLORIDA BUCKSKIN ASSOCIATION, INC.



Principal Place of Business
 285 S.R. 415
 NEW SMYRNA BEACH, FL 32168 US

Mailing Address
 285 S.R. 415
 NEW SMYRNA BEACH, FL 32168 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04012004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

City & State
 Zip Country

4. FEI Number
59-3397629

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

JOHNSON, BRENDA Y
~~285 S.R. 415~~
NEW SMYRNA BEACH, FL 32168

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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 STREET ADDRESS CITY-ST-ZIP	P JOHNSON, BRENDA Y 285 S.R. 415 NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCGEE, LISA 4200 RAYBURN RD COCOA, FL 32926	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YEAGER, LACARTER 820 VISTA COVE CHULUSTA, FL 32766	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGEE, GENETTA K 4200 RAYBURN RD. COCOA, FL 32926	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVENSON, REBA 4204 NEW HAVEN COURT PORT ORANGE, FL 32127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILDERS, LIZA 285 S.R. 415 NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSER, RANDALL 909 HILLARY CIRCLE LUTZ, FL 33548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, KIMBERLY 10863 MANDARIN STATION DR. E. JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMPHERE, MAYNARD 15801 LIVINGSTON AVE. LUTZ, FL 33559	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Brenda Johnson* **PRESIDENT** **04-03-04 386-427-3034**

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

attachment

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-14014065

1. Entity Name

MID FLORIDA BUCKSKIN ASSOCIATION, INC.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D Addition
NAME WILLIAMS, CHIP
STREET ADDRESS 10863 MANDARINE STATION DR. E.
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE D Addition
NAME SAUTER, ROBIN
STREET ADDRESS 5600 HUNTER LANE
CITY-ST-ZIP FT. LAUDERDALE, FL 33330

TITLE D Addition
NAME BARRETT, SAMUEL
STREET ADDRESS 9651 NE 46 LAND
CITY-ST-ZIP BRONSON, FL 32621

TITLE D Addition
NAME BREWER, PAULETTE
STREET ADDRESS 850 BAY DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168