

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000005685 (0)**

1. Corporation Name

MID FLORIDA BUCKSKIN ASSOCIATION, INC.

Principal Place of Business

**610 SW BEND POINT
LECANTO FL 34461**

Mailing Address

**610 SW BEND POINT
LECANTO FL 34461**

FILED
Sep 17 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/06/1996

3a. Date of Last Report

4. FEI Number

59-339-76-29

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**SHOEMAKE, KEN
717 SW 170TH STREET
NEWBERRY FL 32669**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P SHOEMAKE, KEN**
STREET ADDRESS **717 SW 170TH STREET**
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE ☐ DELETE
NAME **V WILLIAMS, PAT**
STREET ADDRESS **610 SW BEND POINT**
CITY-ST-ZIP **LECANTO FL 34461**

TITLE ☐ DELETE
NAME **S ROUGHT, DIANE**
STREET ADDRESS **5206 TURKEY CREEK DRIVE**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE ☐ DELETE
NAME **D LAMPERE, BARBARA**
STREET ADDRESS **15801 LIVINGSTON AVENUE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ DELETE
NAME **D MOSER, PAULA**
STREET ADDRESS **175 LIBERTY HILL ROAD**
CITY-ST-ZIP **DOE RUN GA 31744**

TITLE ☐ DELETE
NAME **D DEMARTINO, TONY**
STREET ADDRESS **602 PONDEROSA DRIVE NORTH**
CITY-ST-ZIP **LAKE LAND FL 33809**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE REQUIRED

9-15-97

CR2E037 (4/97)