

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005685

Entity Name: MID FLORIDA BUCKSKIN ASSOCIATION, INC.**Current Principal Place of Business:**15801 LIVINGSTON AVENUE
LUTZ, FL 33559**Current Mailing Address:**15801 LIVINGSTON AVENUE
LUTZ, FL 33559 US**FEI Number:** 59-3397629**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAMPHERE, ANA B
15801 LIVINGSTON AVENUE
LUTZ, FL 33559 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	GAY, ALLISON
Address	615 MORGAN ROAD
City-State-Zip:	WINTER HAVEN FL 33880

Title	S
Name	BAIRD, ANA V
Address	2311 WINDSOR OAKS AVE
City-State-Zip:	LUTZ FL 33549

Title	T
Name	LAMPHERE, ANA B
Address	15801 LIVINGSTON AVE.
City-State-Zip:	LUTZ FL 33559

Title	D
Name	KRUMMENACKER, LOREE
Address	39539 WINDWARD AVE
City-State-Zip:	EUSTIS FL 32736

Title	VP
Name	HOUGHTON, LIZA
Address	365 DEER RUN
City-State-Zip:	OSTEEN FL 32764

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: ANA B. LAMPHERE**TREASURER****01/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date