

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90097 010 ****61.25

DOCUMENT # N01000007227

1. Entity Name

NEEDMORE BUCK CLUB, INC.



Principal Place of Business

P.O. BOX 216
LAKE CITY FL 32056

Mailing Address

P.O. BOX 216
LAKE CITY FL 32056

50050141



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAFFORD, JAMES E
307 N.W. WASHINGTON STREET
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name JAMES E. STAFFORD

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

307 N.W. WASHINGTON ST

City LAKE CITY

FL

Zip Code 32055

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

James E. Stafford

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 P ☐ Delete
NAME NORRIS, JOHN
STREET ADDRESS POST OFFICE BOX 238
CITY-ST-ZIP WHITE SPRINGS FL 32096

TITLE VP ☐ Delete
NAME DICKERSON, PETE
STREET ADDRESS 10 ANDY COURT
CITY-ST-ZIP LAKE CITY FL 32024

TITLE ST ☐ Delete
NAME STAFFORD, JAMES E
STREET ADDRESS P.O. BOX 216
CITY-ST-ZIP LAKE CITY FL 32056

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

James E. Stafford

4-29-05

386-752-3117