

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90266 025 \*\*\*\*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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

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

(NOTE: Registered Agent signature required when reinstating)

3-17-06

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 P. ☒ Change ☐ Addition  
NAME WAYNE BUTLER  
STREET ADDRESS 977 MACCO RD.  
CITY-ST-ZIP PORT ST. JOHNS, FL. 32927

TITLE V.P. ☒ Change ☐ Addition  
NAME RICHARD TYRE  
STREET ADDRESS 135 S.W. RITCH TER.  
CITY-ST-ZIP LAKE CITY, FL. 32055

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 exemptions contained in Section 119, 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

3-17-06 386-752-3117