


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90128 002 ****61.25

DOCUMENT # N0100007227


1. Entity Name
NEEDMORE BUCK CLUB, INC.



Principal Place of Business Mailing Address
P.O. BOX 216 P.O. BOX 216
LAKE CITY FL 32056 LAKE CITY FL 32056

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country



1st MOORE CR2E037 (10/07)

4. FEI Number Applied For
NO-T APPLICABLE 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* DATE: **4-15-08**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW. FEE IS \$61.25
Due By May 1, 2008

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	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, WAYNE	
STREET ADDRESS	977 MACCO RD	
CITY-ST-ZIP	PORT ST. JOHNS FL 32927	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TYRE, RICHARD	
STREET ADDRESS	135 SW RITCH TER.	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STAFFORD, JAMES E	
STREET ADDRESS	P.O. BOX 216	
CITY-ST-ZIP	LAKE CITY FL 32056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P DON HARRIS	
STREET ADDRESS	1108 S.W. BLYNN DR	
CITY-ST-ZIP	FT. WHITE FL 32058	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE CARVER	
STREET ADDRESS	1632 CRESTWOOD DR.	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NO CHANGES	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* DATE: **4-15-08** **386 752-3117**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR