

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90106 027 ****61.25

DOCUMENT # N02000006612

1. Entity Name
BUFFALO P.R.I.D.E., INC.



Principal Place of Business
**521 OLD SCHOOL ROAD
THE VILLAGES, FL 32162**

Mailing Address
**521 OLD SCHOOL ROAD
THE VILLAGES, FL 32162**

50025824



2. Principal Place of Business

251 Buffalo Trail
Suite, Apt. #, etc.

3. Mailing Address

251 Buffalo Trail
Suite, Apt. #, etc.

01212005

Chg-NP

CR2E037 (10/03)

City & State

The Villages, FL
Zip **32162** County **Sumter**

City & State

The Villages, FL
Zip **32162** County **Sumter**

4. FEI Number
61-1431074

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VAUGHN, STEPHANIE
521 OLD SCHOOL ROAD
THE VILLAGES, FL 32162**

7. Name and Address of New Registered Agent

Name **Mike Tucker**
Street Address (P.O. Box Number is Not Acceptable)
251 Buffalo Trail
City **The Villages** FL Zip Code **32162**

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

Michael S. Tucker **Michael S. Tucker**

3/9/05

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing 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 **D** ☒ Delete
NAME **DZURO, MARTY D**
STREET ADDRESS **521 OLD SCHOOL ROAD**
CITY-ST-ZIP **THE VILLAGES, FL 32162**

TITLE **S** ☐ Delete
NAME **ATCHLEY, JILL S**
STREET ADDRESS **521 OLD SCHOOL ROAD**
CITY-ST-ZIP **THE VILLAGES, FL 32162**

TITLE **P** ☒ Delete
NAME **VAUGHN, STEPHANIE PRES**
STREET ADDRESS **521 OLD SCHOOL ROAD**
CITY-ST-ZIP **THE VILLAGES, FL 32162**

TITLE **VP** ☐ Delete
NAME **TUCKER, MIKE VP**
STREET ADDRESS **521 OLD SCHOOL ROAD**
CITY-ST-ZIP **THE VILLAGES, FL 32162**

TITLE **T** ☒ Delete
NAME **ZIMMERMAN, SHANNON T**
STREET ADDRESS **521 OLD SCHOOL ROAD**
CITY-ST-ZIP **THE VILLAGES, FL 32162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Donna Almand**
STREET ADDRESS **251 Buffalo Trail**
CITY-ST-ZIP **The Villages, FL 32162**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS **251 Buffalo Trail**
CITY-ST-ZIP **The Villages, FL 32162**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Dave Jordan**
STREET ADDRESS **251 Buffalo Trail**
CITY-ST-ZIP **The Villages, FL 32162**

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS **251 Buffalo Trail**
CITY-ST-ZIP **The Villages, FL 32162**

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:

Jill Atchley

Jill Atchley

3/14/05

(352) 259-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #