

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006612

FILED
Apr 01, 2008
Secretary of State

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

Current Principal Place of Business:

251 BUFFALO TRAIL
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

251 BUFFALO TRAIL
THE VILLAGES, FL 32162

New Mailing Address:

FEI Number: 61-1431074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAUFERSKY, GREGG
251 BUFFALO TRAIL
THE VILLAGES, FL 32162 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: KELLEY, TRACY
Address: 257 BUFFALO TRAIL
City-St-Zip: THE VILLAGES, FL 32162

Title: T () Delete
Name: MANN, BARBARA
Address: 257 BUFFALO TRAIL
City-St-Zip: THE VILLAGES, FL 32162

Title: P () Delete
Name: LAUFERSKY, GREGG
Address: 257 BUFFALO TRAIL
City-St-Zip: THE VILLAGES, FL 32162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GREGG LAUFERSKY

P

04/01/2008

Electronic Signature of Signing Officer or Director

Date