2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2012
Secretary of State

DOCUMENT# N11000010304

Entity Name: SUNSHINE STATE BUCKSKIN ASSOCIATION, INCORPORATED

Current Principal Place of Business:

6591 SE 143RD CT
MORRISTON, FL 32668

New Principal Place of Business:

Current Mailing Address:

6591 SE 143RD CT
MORRISTON, FL 32668

New Mailing Address:

FEI Number: 45-3720396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CATE, CINDY
6591 SE 143RD CT
MORRISTON, FL 32668 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: P
Name: CATE, CINDY
Address: 6591 SE 143RD CT
City-St-Zip: MORRISTON, FL 32668

Title: VP
Name: TURNER, BONNIE
Address: 12446 NE 135TH ST
City-St-Zip: FT MCCOY, FL 32134

Title: S
Name: TYSON, AUDRA
Address: 12300 NE 135TH ST
City-St-Zip: FT.MCCOY, FL 32134

Title: T
Name: TYSON, JOYCE
Address: 12320 NE 135TH ST
City-St-Zip: FT MCCOY, FL 32134

Title: D
Name: BENTLEY, JAKE
Address: 8404 N SR 53
City-St-Zip: MADISON, FL 32320

Title: D
Name: WILLIAMS, KIM
Address: FRUIT COVE RD N
City-St-Zip: JACKSONVILLE, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: CINDY CATE P 04/29/2012

Electronic Signature of Signing Officer or Director Date