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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005685 (0)**
7. Corporation Name

MID FLORIDA BUCKSKIN ASSOCIATION, INC.



Principal Place of Business 610 SW BEND POINT LECANTO FL 34461	Mailing Address 610 SW BEND POINT LECANTO FL 34461
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3. Date Incorporated or Qualified
11/06/1996

4. FEI Number 59-3397629	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Rt 3 Box 106B	2a. Mailing Address 26 Rt 3 Box 106B
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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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City & State 23 Gainesville FL	City & State 28 Gainesville FL
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Zip 24 32653	Country 25 USA	Zip 29 32653	Country 30 USA
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHOEMAKE, KEN
717 SW 170TH STREET
NEWBERRY FL 32669**

81 Name Kay Kelley
82 Street Address (P.O. Box Number is Not Acceptable) 10308 NW 161st St
83
84 City Alachua
85 Zip Code FL 32615

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Kay Kelley*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE **1/26/98**

12. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> DELETE
NAME SHOEMAKE, KEN	
STREET ADDRESS 717 SW 170TH STREET	
CITY-ST-ZIP NEWBERRY FL 32669	
TITLE V	<input type="checkbox"/> DELETE
NAME WILLIAMS, PAT	
STREET ADDRESS 610 SW BEND POINT	
CITY-ST-ZIP LECANTO FL 34481	
TITLE S	<input type="checkbox"/> DELETE
NAME ROUGHT, DIANE	
STREET ADDRESS 5206 TURKEY CREEK DRIVE	
CITY-ST-ZIP PLANT CITY FL 33567	
TITLE D	<input type="checkbox"/> DELETE
NAME LAMPHERE, BARBARA	
STREET ADDRESS 15801 LIVINGSTON AVENUE	
CITY-ST-ZIP LUTZ FL 33549	
TITLE D	<input type="checkbox"/> DELETE
NAME MOSER, PAULA	
STREET ADDRESS 175 LIBERTY HILL ROAD	
CITY-ST-ZIP DOE RUN GA 31744	
TITLE D	<input type="checkbox"/> DELETE
NAME DEMARTINO, TONY	
STREET ADDRESS 602 PONDEROSA DRIVE NORTH	
CITY-ST-ZIP LAKELAND FL 33809	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Kay Kelley	
1.3 STREET ADDRESS 10308 NW 161st St.	
1.4 CITY-ST-ZIP ALACHUA FL 32615	
2.1 TITLE Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Robin Williams	
2.3 STREET ADDRESS 610 SW Bend Point	
2.4 CITY-ST-ZIP LECANTO FL 34461	
3.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Kathryn Griffis	
3.3 STREET ADDRESS Rt 3 Box 106B	
3.4 CITY-ST-ZIP GAINESVILLE FL 32653	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Butch Lamphere	
4.3 STREET ADDRESS 15801 Livingston Ave	
4.4 CITY-ST-ZIP Lutz FL 33549	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Richard Thomas	
5.3 STREET ADDRESS 24302 NW 156th Pl	
5.4 CITY-ST-ZIP High Springs FL 32643	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathryn Griffis* **Kathryn Griffis** **1/23/98 3523711709**

CR2E037 (10/97)