

07/07/99 90002 001 0125
 SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION
 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 FEB 14 AM 11:13

DOCUMENT # N96000005685

1. Corporation Name
 MID FLORIDA BUCKSKIN ASSOCIATION, INC.

Principal Place of Business
 RT 3 BOX 106B
 GAINESVILLE FL 32653
 US

Mailing Address
 RT 3 BOX 106B
 GAINESVILLE FL 32653
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/06/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3397629
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KELLEY, KAY
 10308 NW 161ST ST
 ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name
 S A M G

82 Street Address (P.O. Box Number is Not Acceptable)
 400003131054--9

83
 -02/10/00--01068--001
 *****61.25 *****01.25

84 City
 FL

85 Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	KELLEY, KAY President	1.1 TITLE	Sharon Wilson
NAME		1.2 NAME	6320 N. Falkenburg Rd
STREET ADDRESS	10308 NW 161ST ST	1.3 STREET ADDRESS	Tampa Fl. 33610
CITY-ST-ZIP	ALACHUA FL 32615	1.4 CITY-ST-ZIP	
TITLE VP	WILLIAMS, ROBIN Vice President	2.1 TITLE	Lisa Mc Gee
NAME		2.2 NAME	4200 Rayburn Rd
STREET ADDRESS	610 SW BEND POINT	2.3 STREET ADDRESS	Cocoa FL 32926
CITY-ST-ZIP	LECANTO FL 34461	2.4 CITY-ST-ZIP	
TITLE D	GRIFFIS, KATHY	3.1 TITLE	Suzanne Holton
NAME		3.2 NAME	15631 NW CR 231
STREET ADDRESS	RT 3 BOX 106B	3.3 STREET ADDRESS	GAINESVILLE, FL. 32609
CITY-ST-ZIP	GAINESVILLE FL 32653	3.4 CITY-ST-ZIP	
TITLE D	BUTCH, LAMPHERE Director	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS	15801 LIVINGSTON AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	4.4 CITY-ST-ZIP	
TITLE D	THOMAS, RICHARD	5.1 TITLE	Cathy Hedden
NAME		5.2 NAME	24197 Swellen De
STREET ADDRESS	24302 NW 156TH PL	5.3 STREET ADDRESS	Brooksville Fl. 34601
CITY-ST-ZIP	HIGH SPRINGS FL 32643	5.4 CITY-ST-ZIP	
TITLE D	DEMARTINO, TONY	6.1 TITLE	Cheryl Luke
NAME		6.2 NAME	7748 Bobcat Run
STREET ADDRESS	602 PONDEROSA DRIVE NORTH	6.3 STREET ADDRESS	Port St Lucie FL. 34952
CITY-ST-ZIP	LAKELAND FL 33809	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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

VOICE MAIL
 352-316-9349

MIDFLORIDA BUCKSKIN ASSOCIATION, INC.

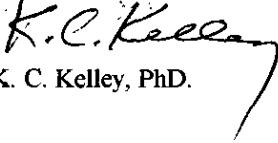
10308 N.W. 161 Street
Alachua, Florida 32615
Office of the President
December 2, 1999

Division of Corporations
Annual Report / Reinstatement
P.O. Box 6327
Tallahassee, Fl. 32314-6327

Dear Gentlemen:

In October I replied to your letter stating you were dissolving our corporation. After calling your office I was told to write you a letter stating that you had cashed my personal check for the corporations renewal but had asked me to fill out the form where information on one director was missing. I did this and mailed this letter along with a copy of the original form. At this time I have received no information to correct the situation. Since the original letter was not sent certified I am again sending the information you required but certified. The board of directors has been updated due to replacements. If you have any problem in resolving this situation please leave me a message at 352-316-9349 on my voice mail system.

Sincerely



K. C. Kelley, PhD.