


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90356 038 \*\*\*\*70.00

<b>DOCUMENT # N96000005685</b>	
1. Entity Name MID FLORIDA BUCKSKIN ASSOCIATION, INC.	

Principal Place of Business 285 S.R. 415 NEW SMYRNA BEACH, FL 32168 US	Mailing Address 285 S.R. 415 NEW SMYRNA BEACH, FL 32168 US
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00041001



2. Principal Place of Business 285 S. S.R. 415 Suite, Apt. #, etc.	3. Mailing Address 4200 Rayburn Rd. Suite, Apt. #, etc.
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02012005 Chg-NP CR2E037 (10/03)

City & State New Smyrna Beach, FL	City & State Cocoa, FL
Zip 32168	Country U.S.
Zip 32926	Country US

4. FEI Number 59-3397629	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
JOHNSON, BRENDA Y 285 S. S.R. 415 NEW SMYRNA BEACH, FL 32168	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 285 S. S.R. 415	
City New Smyrna Beach	FL Zip Code 32168

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME JOHNSON, BRENDA Y	
STREET ADDRESS 285 S.R. 415	
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	
TITLE VP	<input type="checkbox"/> Delete
NAME ROSER, RANDALL	
STREET ADDRESS 909 HILLARY CIR.	
CITY-ST-ZIP LUTZ, FL 33548	
TITLE S	<input type="checkbox"/> Delete
NAME WILLIAMS, KIMBERLY	
STREET ADDRESS 10863 MANDARIN STATION DR. E	
CITY-ST-ZIP JACKSONVILLE, FL 32257	
TITLE T	<input type="checkbox"/> Delete
NAME MCGEE, GENETTA K	
STREET ADDRESS 4200 RAYBURN RD.	
CITY-ST-ZIP COCOA, FL 32926	
TITLE D	<input type="checkbox"/> Delete
NAME LEVENSON, REBA	
STREET ADDRESS 4204 NEW HAVEN COURT	
CITY-ST-ZIP PORT ORANGE, FL 32127	
TITLE D	<input type="checkbox"/> Delete
NAME LAMPHERE, MAYNARD	
STREET ADDRESS 15801 LIVINGSTON AVE.	
CITY-ST-ZIP LUTZ, FL 33559	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS 285 S. S.R. 415	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS 1471 Fruit Cove Road North	
CITY-ST-ZIP Jacksonville, FL 32259	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: Genetta K. McGee GENETTA K. MCGEE 4/18/05 (321)632-1468  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

50041001

ATTACHMENT TO: Mid Florida Buckskin Association, Inc.

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DOCUMENT # N96000005685

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, SAMUEL A. 9651 NE 46 LANE BRONSON, FL 32621 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JOHN C. 1471 FRUIT COVE ROAD NORTH JACKSONVILLE, FL 32259 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWER, PAULETTE 850 BAY DRIVE NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUFFEE, WENDY Addition 1592 ROCKMART ROAD VILLA RICCI, GA 30180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

SIGNATURE



Genetta K. McGee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

DATE

(321)632-1468

DAYTIME PHONE