


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90082 022 \*\*\*\*70.00

**DOCUMENT # N96000005685**

1. Entity Name  
**MID FLORIDA BUCKSKIN ASSOCIATION, INC.**



Principal Place of Business  
**285 S SR 415**  
**NEW SMYRNA BEACH, FL 32168 US**

Mailing Address  
**4200 RAYBURN RD**  
**COCOA, FL 32926 US**

2. Principal Place of Business  
*285 S. S.R. 415*

3. Mailing Address  
*4200 Rayburn Rd.*

Suite, Apt. #, etc.

City & State  
*New Smyrna Beach, FL*


City & State  
*Cocoa, FL*

Zip  
*32168*

Country  
*U.S.*

Zip  
*32926*

Country  
*U.S.*



04012006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3397629**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, BRENDA Y**  
**285 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. SR 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

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

**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 SR 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	1471 FRUIT COVE ROAD N	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McGee K. Lisa	
STREET ADDRESS	4200 Rayburn Rd.	
CITY-ST-ZIP	Cocoa, FL 32926	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levenson, Reba	
STREET ADDRESS	4204 New Haven Court	
CITY-ST-ZIP	Port Orange, FL 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Merry, Scott	
STREET ADDRESS	1050 Buckles Rd.	
CITY-ST-ZIP	Pierson, FL 32180	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** *April 8, 2006* (321) 632-1468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

PAGE 2 - ATTACHMENT TO:

40047129

MID FLORIDA BUCKSKIN ASSOCIATION, INC.  
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT  
DOCUMENT #N96000005685

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JOHN C. 1471 FRUIT COVE RD. JACKSONVILLE, FL 32259 <input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUGHTON, LIZA 365 DEER RUN RD. OSTEEN, FL 32764 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, SAMUEL A. 9651 NE 46 LAND BRONSON, FL 32621 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWER, PAULETTE 850 BAY DRIVE NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD, ANITA P. O. BOX 486 BARBERVILLE, FL 32105 <input checked="" type="checkbox"/> Addition

SIGNATURE: \_\_\_\_\_ GENETTA K. MCGEE 4/8/06 (321)632-1468  
SIGNATURE AND TYPED ORPRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE