


2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90006 039 \*\*\*\*61.25

<b>DOCUMENT # N96000005685</b>			
1. Entity Name <b>MID FLORIDA BUCKSKIN ASSOCIATION, INC.</b>			
Principal Place of Business <b>285 S SR 415 NEW SMYRNA BEACH, FL 32168 US</b>		Mailing Address <b>4200 RAYBURN RD COCOA, FL 32926 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>9651 NE 46 LANE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>BRONSON, FL</b>	
City & State		City & State <b>32621</b>	
Zip	Country	Zip	Country
4. FEI Number <b>59-3397629</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>JOHNSON, BRENDA Y 285 S.R. 415 NEW SMYRNA BEACH, FL 32168</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JOHNSON, BRENDA Y</b> <b>285 S SR 415</b> <b>NEW SMYRNA BEACH, FL 32168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MCGEE, LISA K</b> <b>4200 RAYBURN RD</b> <b>COCOA, FL 32926</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KEVEBSIB, REBA</b> <b>4204 NEW HAVEN CRT</b> <b>PORT ORANGE, FL 32127</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LEVENSON, REBA</b> <b>4204 NEW HAVEN COURT</b> <b>PORT ORANGE, FL 32127</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCGEE, GENETTA K</b> <b>4200 RAYBURN RD.</b> <b>COCOA, FL 32926</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PEMBERTON, DEBORAH L</b> <b>9651 NE 46 LANE</b> <b>BRONSON, FL 32621</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEVENSON, REBA</b> <b>4204 NEW HAVEN COURT</b> <b>PORT ORANGE, FL 32127</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TERRELL, STEVE</b> <b>6791 W. HWY. 316</b> <b>REDDICK, FL 32686</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MERRY, SCOTT</b> <b>1050 BUCKLES RD</b> <b>PIERSON, FL 32180</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Brenda Young Johnson</i>		Date: <i>Feb 10, 2007</i> 386-2970031	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	