

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005685

FILED  
Feb 08, 2012  
Secretary of State

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

**Current Principal Place of Business:**

15801 LIVINGSTON AVENUE  
LUTZ, FL 33559 US

**New Principal Place of Business:**

**Current Mailing Address:**

15801 LIVINGSTON AVENUE  
LUTZ, FL 33559 US

**New Mailing Address:**

FEI Number: 59-3397629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAMPHERE, ANA B  
15801 LIVINGSTON AVENUE  
LUTZ, FL 33559 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BISHOP-TERRELL, SHIRLEY  
Address: 6791 W HWY 316  
City-St-Zip: REDDICK, FL 32686 US

Title: VP  
Name: GAY, ALLISON  
Address: 615 MORGAN ROAD  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: S  
Name: BAIRD, ANA V  
Address: 2311 WINDSOR OAKS AVE  
City-St-Zip: LUTZ, FL 33549 US

Title: T  
Name: LAMPHERE, ANA B  
Address: 15801 LIVINGSTON AVE.  
City-St-Zip: LUTZ, FL 33559

Title: D  
Name: KRUMMENACKER, LOREE  
Address: 39539 WINDWARD AVE  
City-St-Zip: EUSTIS, FL 32736

Title: D  
Name: HOUGHTON, LIZA  
Address: 365 DEER RUN  
City-St-Zip: OSTEEN, FL 32764 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANA B. LAMPHERE

TREA

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date