


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90092 003 ****61.25

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1. Entity Name
MID FLORIDA BUCKSKIN ASSOCIATION, INC.



Principal Place of Business Mailing Address

**285 S.R. 415
NEW SMYRNA BEACH FL 32168
US** **285 S.R. 415
NEW SMYRNA BEACH FL 32168
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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)

City **FL** 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 *Brenda Y. Johnson* DATE *March 30, 2003*

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

FILE NOW: FEE IS \$61.25

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.R. 415	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCGEE, LISA	
STREET ADDRESS	4200 RAYBURN RD	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	S	<input type="checkbox"/> Delete
NAME	YEAGER, LACARTER	
STREET ADDRESS	820 VISTA COVE	
CITY-ST-ZIP	CHULUSTA FL 32766	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, MARY W	
STREET ADDRESS	115 MOONSTONE COURT	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUTCH, LAMPHERE	
STREET ADDRESS	15801 LIVINGSTON AVE.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHILDERS, LIZA	
STREET ADDRESS	285 S.R. 415	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

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		<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J GENETTA K. MCGEE	
STREET ADDRESS	4200 RAYBURN RD.	
CITY-ST-ZIP	COCOA, FL 32926	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D: REBA LEVENSON	
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		

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: *Brenda Y. Johnson* **BRENDA Y. JOHNSON**
PRESIDENT 03/30/03 (386) 427-3034

CR2E037 (10/02)