


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90076 015 ****70.00

DOCUMENT # N97000005090					
1. Entity Name BUCK ROGERS FOUNDATION, INC.					
Principal Place of Business 1756 SW BARRETT WAY LAKE CITY, FL 32055			Mailing Address 1756 SW BARRETT WAY LAKE CITY, FL 32055		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3495484	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNSON, RICHARD J 1756 SW BARNETT WAY LAKE CITY, FL 32025			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, RICHARD J	NAME			
STREET ADDRESS	1756 SW BARNETT WAY	STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMSON, WAYNE	NAME			
STREET ADDRESS	ROUTE 4 BOX 1788	STREET ADDRESS	356 NW Addax Trail		
CITY-ST-ZIP	MADISON, FL 32340	CITY-ST-ZIP	Madison, FL 32340		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBINSON, JOE	NAME			
STREET ADDRESS	1712 E DUVAL STREET	STREET ADDRESS	930 E Duval Street		
CITY-ST-ZIP	LAKE CITY, FL 32055	CITY-ST-ZIP	Lake City, FL 32055		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOORE, SUSAN	NAME			
STREET ADDRESS	19755 162ND ST.	STREET ADDRESS			
CITY-ST-ZIP	LIVE OAK, FL 32060	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, CHARLES	NAME			
STREET ADDRESS	1100 SE KOMONDAR RD.	STREET ADDRESS			
CITY-ST-ZIP	BRANFORD, FL 32008	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SERRANO, JIM	NAME			
STREET ADDRESS	12665 225TH ROAD	STREET ADDRESS	10438 233rd Road		
CITY-ST-ZIP	LIVE OAK, FL 32060	CITY-ST-ZIP	Live Oak, FL 32060		
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: _____		1/7/08 (386)752-0264 <small>Date Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					