


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000000669</b>	
<b>1. Entity Name</b> BUCKS VISIONARY OUTREACH FOUNDATION INC.	

<b>Principal Place of Business</b> 9378 ARLINGTON EXPRESSWAY, STE 341 JACKSONVILLE FL 32225	<b>Mailing Address</b> 9378 ARLINGTON EXPRESSWAY, STE 341 JACKSONVILLE FL 32225
---------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> NO-T APPLICABLE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>	
BUCKLAND, DWAYNE 9378 ARLINGTON EXPRESSWAY, STE 341 JACKSONVILLE FL 32225	
<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ (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**  
**Due By May 1, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
BUCKLAND, DWAYNE	1404 ARCADIA DR #315 JACKSONVILLE FL 32207	U000000031928	02/04/04-80167-025 61.25
VD	SKILLMAN, WISE		
2970 HARTLEY RD, STE 102	JACKSONVILLE FL 32257		
D	SKILLMAN, MARIA B		
W296 ARROWHEAD DRIVE	JACKSONVILLE FL 32257		

**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:** Dwayne Buckland Dwayne Buckland 2/1/04 (904)568-0327  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #