

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000009643

Entity Name: NORTH FLORIDA BUFFALO SOLDIERS 9TH & 10TH HORSE
CALVARY UNIT INC**Current Principal Place of Business:**4993 HWY 162
MARIANNA, FL 32446**Current Mailing Address:**4993 HWY 162
MARIANNA, FL 32446 US**FEI Number: 47-3459998****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARNES, WILL
4993 HWY 162
MARIANNA, FL 32446 US*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:** WILL BARNES**04/30/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	BARNES, WILL
Address	4993 HWY 162
City-State-Zip:	MARIANNA FL 32446

Title	CHAPLAIN
Name	BROWN, IKE TROOPER
Address	4993 HIGHWAY 162
City-State-Zip:	MARIANNA FL 32446

Title	2NDV
Name	BARNES, LEO TROOPER
Address	5650 FORT RD.
City-State-Zip:	GREENWOOD FL 32443

Title	T
Name	BROWN, KENNETH
Address	1014 MEREDS AVE
City-State-Zip:	PANAMA CITY FL 32401

Title	1STV
Name	NELSON, ROGER TROOPER
Address	4993 HWY 162
City-State-Zip:	MARIANNA FL 32446

Title	S
Name	DAWSON, DEBRA TROOPER
Address	5668 FORT RD.
City-State-Zip:	GREENWOOD FL 32443

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: WILL BARNES**PRESIDENT****04/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date