

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44436

Entity Name: LEE COUNTY ARCHERS, INC.

FILED
Jan 09, 2004
Secretary of State

Current Principal Place of Business:

NALLE GRADE PARK
N. FT MYERS, FL

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1437
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 65-0319972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ERNEST B III
660 ADDISON ST. EAST
LEHIGH ACRES, FL 33936

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: D () Delete
Name: BALL, MIKE
Address: 212 SE 4TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: VAN VOORHIS, TIM
Address: BOX 1053
City-St-Zip: ALVA, FL 33920

Title: VD () Delete
Name: FAHRNER, ROGER
Address: 700 CRAIG STREET
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DT () Delete
Name: MILLER, GREG
Address: 7400 COLLEGE PARKWAY UNIT 61D
City-St-Zip: FORT MYERS, FL 33907

Title: PD () Delete
Name: BROWN, E.B. III
Address: 660 ADDISON ST. EAST
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Delete
Name: GALATZ, RALPH
Address: 3969 VILLMOUR LANE
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ERNEST B. BROWN III

PD

01/09/2004

Electronic Signature of Signing Officer or Director

Date