

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44436

**Entity Name:** LEE COUNTY ARCHERS, INC.**Current Principal Place of Business:**NALLE GRADE PARK  
N. FT MYERS, FL 33917**Current Mailing Address:**P.O. BOX 1437  
LEHIGH ACRES, FL 33970**FEI Number:** 65-0319972**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, ERNEST BIII  
660 ADDISON ST. EAST  
LEHIGH ACRES, FL 33974 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                   |
|-----------------|-------------------|
| Title           | VP                |
| Name            | LACKEY, JOHN      |
| Address         | PO BOX 174        |
| City-State-Zip: | BOKEELIA FL 33922 |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | BALL, MIKE          |
| Address         | 212 SE 4TH PLACE    |
| City-State-Zip: | CAPE CORAL FL 33990 |

|                 |                                |
|-----------------|--------------------------------|
| Title           | ST                             |
| Name            | MONSON, CAROL                  |
| Address         | 19691 MARINO LAKE CIRCLE #1302 |
| City-State-Zip: | MIROMAR LAKES FL 33913         |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | MATHES, TOM         |
| Address         | PO BOX 0738         |
| City-State-Zip: | FORT MYERS FL 33919 |

|                 |                       |
|-----------------|-----------------------|
| Title           | PD                    |
| Name            | BROWN, E.B. III       |
| Address         | 660 ADDISON ST. EAST  |
| City-State-Zip: | LEHIGH ACRES FL 33974 |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | GALATZ, RALPH       |
| Address         | 3969 VILLMOUR LANE  |
| City-State-Zip: | FORT MYERS FL 33919 |

*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:** CAROL MONSON**SECRETARY TREASURER** 04/21/2014\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date