

2018 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:** Yes**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	STAHL, MICHELLE
Address	530 KELLER ST. E.
City-State-Zip:	LEHIGH ACRES FL 33974

Title	D
Name	FAHRNER, ROGER
Address	8550 DOSONTE LN.
City-State-Zip:	N. FT. MYERS FL 33917

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

Title	D
Name	SIMONE, JOE
Address	20550 POLYNESIAN LOOP
City-State-Zip:	ESTERO FL 33928

Title	PRESIDENT
Name	ZIEGLER, BILL
Address	660 ADDISON ST. EAST
City-State-Zip:	LEHIGH ACRES FL 33974

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: MICHELLE STAHL**SECRETARY****01/10/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date