

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752493

(7)

1. Corporation Name

TREASURE COAST ARCHERS, INC.



Principal Place of Business

**1100 NW FEDERAL HWY.
STUART FL 34994
US**

Mailing Address

**1100 NW FEDERAL HWY.
STUART FL 34994
US**

3. Date Incorporated or Qualified
05/15/1980

3a. Date of Last Report
09/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-0193820

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VERPORTER, NORBERT
1100 N.W. FEDERAL HWY.
STUART FL 34940**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **LEGATE, BUDDY**
STREET ADDRESS **13146 157TH CT., NORTH**
CITY - ST - ZIP **JUPITER FL 33478**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VPD** ☒ DELETE
NAME **CLANTON, LEWIS**
STREET ADDRESS **208 MALLWOOD AVE.**
CITY - ST - ZIP **FT. PIERCE FL 34982**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **ATTY. SCOTT**
2.3 STREET ADDRESS **410 N.W. FEDERAL HWY**
2.4 CITY - ST - ZIP **PT. ST. LUCIE FL 34983**

TITLE **STD** ☐ DELETE
NAME **VERPORTER, NORBERT**
STREET ADDRESS **1100 NW FEDERAL HWY.**
CITY - ST - ZIP **STUART FL 34994**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **SECT. DIR.**
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D** ☒ DELETE
NAME **ATTEY, SCOTT**
STREET ADDRESS **410 SW WEST VIRGINIA**
CITY - ST - ZIP **PT. ST. LUCIE FL 34983**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **TREAS. DIR. DANIEL HANSEN**
4.3 STREET ADDRESS **4321 Chesapeake Bay Dr**
4.4 CITY - ST - ZIP **STUART FL 34997**

TITLE **D** ☐ DELETE
NAME **BINTZ, MATTHEW**
STREET ADDRESS **5092 SW LISBON CIR.**
CITY - ST - ZIP **STUART FL 34997**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Norbert VerPorter **Norbert VerPorter** 4/30/96 (407) 692-1958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)