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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-0193820

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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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

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

TITLE VPD
NAME ATTEY, SCOTT
STREET ADDRESS 410 NW FEDERAL HWY
CITY-ST-ZIP PORT ST LUCIE FL ☒ DELETE

TITLE SD
NAME VERPORTER, NORBERT
STREET ADDRESS 1100 NW FEDERAL HWY.
CITY-ST-ZIP STUART FL ☒ DELETE

TITLE TD
NAME DANIEL HANSEN
STREET ADDRESS 4321 CHESAPEKE BAY DR
CITY-ST-ZIP STUART FL ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME SCOTT BUTLER
1.3 STREET ADDRESS 2474 WASHINGTON ST
1.4 CITY-ST-ZIP PT. ST. LUCIE 34953

2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME DAVID FITCH
2.3 STREET ADDRESS 1810 S.W. JOLLET AVE
2.4 CITY-ST-ZIP PT. ST. LUCIE 34953

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME DENNIS WILSON
3.3 STREET ADDRESS 406 S.E. JUSTINE TERRACE
3.4 CITY-ST-ZIP PT. ST. LUCIE FL 34993

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME DANIEL HANSEN
4.3 STREET ADDRESS 2017 S.E. VAN KLEFF, AVE
4.4 CITY-ST-ZIP PORT ST. LUCIE FL 34952

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

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **DANIEL HANSEN**

1/21/98 561 337-0042

CR2E037 (10/97)