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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752493

1. Corporation Name

TREASURE COAST ARCHERS, INC.

Principal Place of Business

Mailing Address

1100 NW FEDERAL HWY.
STUART FL 34994
US

1088 F. Hwy
1100 NW FEDERAL HWY.
STUART FL 34994
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/15/1980

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

1088
VERPORTER, NORBERT
1100 N.W. FEDERAL HWY.
STUART FL 34940

address change
Hwy #
1088 Federal Hwy

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 BUTLER, SCOTT
STREET ADDRESS 2474 WASHINGTON ST
CITY-ST-ZIP PT ST LUCIE FL 34953

TITLE VPD ☒ DELETE
NAME FITCH, DAVID
STREET ADDRESS 1810 SW JULLET AVE
CITY-ST-ZIP PT ST LUCIE FL 34953

TITLE SD ☐ DELETE
NAME WILSON, DENNIS
STREET ADDRESS 406 SE JUSTINE TERRACE
CITY-ST-ZIP PT ST LUCIE FL 34993

TITLE TD ☐ DELETE
NAME HANSEN, DANIEL
STREET ADDRESS 2017 SE VAN KELEFF AVE
CITY-ST-ZIP PT ST LUCIE FL 34952

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Wayne E Carr
2.3 STREET ADDRESS 2709 SE Holly St
2.4 CITY-ST-ZIP Stuart FL 34997

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

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, with all other like empowered.

SIGNATURE *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-99 561-337-0042

CR2E037-11/98