

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90009 031 ****61.25

DOCUMENT # N00000002820

1. Entity Name
NORTH FLORIDA ARCHERS, INC.



Principal Place of Business
**4605 120TH STREET
JACKSONVILLE, FL 32230**

Mailing Address
**PO BOX 1367
ORANGE PARK, FL 32067-1367**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3708524

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKINNEY, BILL
12697 CACHET DRIVE
JACKSONVILLE, FL 32223**

7. Name and Address of New Registered Agent

Name
WILMER CLIFFORD

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

4847 RUSTIC WOODS DR

City
JACKSONVILLE

FL

Zip Code
32257

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Wilmer Clifford

WILMER CLIFFORD TREASURER

4/3/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MCKINNEY, BILL
STREET ADDRESS 12697 CACHET DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE S ☐ Delete
NAME MAKLEY, DAN
STREET ADDRESS 369 ARIES DR
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE VP ☐ Delete
NAME NELSON, CHARLIE
STREET ADDRESS 296 RIVER WOOD DR
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE T ☐ Delete
NAME COURTWEEK, DEBRA A
STREET ADDRESS 2414 CYPRESS SPRING RD
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME CHARELS NELSON
STREET ADDRESS 296 RIVER WOOD DR
CITY-ST-ZIP ORANGE PARK FL 32003

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Change ☐ Addition
NAME JOHN GUTTRY
STREET ADDRESS 4123 WEATHER WOOD ESTATES DR
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE T ☒ Change ☐ Addition
NAME WILMER CLIFFORD
STREET ADDRESS 4847 RUSTIC WOODS DR
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wilmer Clifford

WILMER CLIFFORD

4/3/06 (904) 270-5126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #