2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000002820



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

1. Entity Name NORTH FLORIDA ARCHERS, INC.								04-06-20	106 90005	9 031 *****	61.23
Principal Place of Business 4605 120TH STREET JACKSONVILLE, FL 32230 Principal Place of Business Mailing Address PO BOX 1367 ORANGE PARK, FL 32067-1367					57			MT(1)	1 20 11 2012 2011	a 11204 takis Hart S	
Principal Place of Business 3. Mailing Address						_					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04032006	Chg-NP	CR2E	037 (11/05)	
City & State			City & State		1	4. FEI Numbe 59-370	•			Applied For lot Applicable	
Zip	Zip Country		Zip Cou		ıntry	5. Certificate of Stat			Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
MCKINNEY, BILL 12697 CACHET DRIVE					Name WILMER CLIFEORD Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE, FL 32223					4847 RUSTIC WOODS DR						
The above named entity submits this statement for the purpose of changing its register.							V 100 2		F		5 5-7
the obligat	e named entit tions of regis	y submits this statement to tered agent.	or the purpose of changing its)	register	ed office or regi	gistered	agent, or bol	th, in the State o	f Florida. I a /	m familiar with	n, and accept
SIGNATURE WILL CLIGHT 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 9. Election Campaign Financing Trust Fund Contribution.											
							5.00 May 8 dded to Fees			eck payable partment of S	
10.			Trust Fund (À	dded to Fees	, F	iorida Dep	ertment of	State
10.		May 1, 2006	Trust Fund (Contribut	ion. \Box	ADI	dded to Fees	ANGES TO OFF	ICERS AND	ertment of	State N 10
TITLE NAME	PD MCKINNE	Aay 1, 2006 OFFICERS AND DI EY, BILL	Trust Fund (11.	ion.	ADI P D	Oded to Fees	ANGES TO OFF	Florida Dep ICERS AND	DIRECTORS I	State N 10
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Indexety certify that the information supplied with this filing does not quality 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 AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR SIGNATURE: Wilmen

WILMER CLIFFORD

(904) 270-5126 Daytime Phone #