

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90024 009 ****70.00

DOCUMENT # N00000002820

1. Entity Name

NORTH FLORIDA ARCHERS, INC.



Principal Place of Business

Mailing Address

4605 120TH STREET
JACKSONVILLE FL 32230

PO BOX 1367
ORANGE PARK FL 32067-1367

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

WILMER, CLIFFORD
4847 RUSTIC WOODS DR
JACKSONVILLE FL 32257

Name

HANK GASPARI

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

1899 SUWANNEE RIVER DR

City

ORANGE PARK

FL

Zip Code

32003

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

Hank Gaspari

HANK GASPARI

3/26/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

TITLE T
NAME WILMER, CLIFFORD ☒ Delete
STREET ADDRESS 4847 RUSTIC WOODS DR
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE TRES
NAME HANK GASPARI ☐ Change ☒ Addition
STREET ADDRESS 1899 SUWANNEE RIVER DR
CITY-ST-ZIP ORANGE PARK FL 32003

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 Section 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:

Hank Gaspari

HANK GASPARI

3/27/08

904.403.8882