

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002820

FILED
Aug 07, 2009
Secretary of State

Entity Name: NORTH FLORIDA ARCHERS, INC.

Current Principal Place of Business:

4605 120TH STREET
JACKSONVILLE, FL 32230

New Principal Place of Business:

Current Mailing Address:

PO BOX 1367
ORANGE PARK, FL 320671367

New Mailing Address:

FEI Number: 59-3708524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GASPARI, HANK
1899 SCHWANNEE RIVER DR
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

LAUGHLIN, CHARLES
1268 PIRATES COVE LANE
FLEMING ISLAND, FL 32003 US

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.

SIGNATURE: CHARLES LAUGHLIN

08/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NELSON, CHARLES
Address: 296 RIVER WOOD DR
City-St-Zip: ORANGE PARK, FL 32003

Title: S () Delete
Name: MAKLEY, DAN
Address: 369 ARIES DR
City-St-Zip: ORANGE PARK, FL 32073

Title: VP () Delete
Name: GUTTRY, JOHN
Address: 4123 WEATHER WOOD ESTATES DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: T () Delete
Name: GASPARI, HANK
Address: 1899 SUWANNEE RIVER DR
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GUTTRY, JOHN
Address: 4123 WEATHER WOOD ESTATES DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: S (X) Change () Addition
Name: PARSONS, JIM
Address: 1622 HIGHLAND VIEW CT
City-St-Zip: ORANGE PARK, FL 32003

Title: VP (X) Change () Addition
Name: LAUDERMILK, BILLY
Address: 2347 N. FORK RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: T (X) Change () Addition
Name: LAUGHLIN, CHARLES
Address: 1268 PIRATES COVE LANE
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES LAUGHLIN

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08/07/2009

Electronic Signature of Signing Officer or Director

Date