

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000008032

FILED
Sep 09, 2003
Secretary of State

Entity Name: TEAM GOD ARCHERS, INC.

Current Principal Place of Business:

RT 1 BOX 709
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

RT 1 BOX 709
MADISON, FL 32340

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, CARL J
RT 1 BOX 709
MADISON, FL 32340

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOORE, CARL J
Address: RT 1 BOX 709
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: TUTEN, LISA
Address: RT 1 BOX 709
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: MOORE, NANCY
Address: RT 1 BOX 709
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARL J. MOORE

D

09/09/2003

Electronic Signature of Signing Officer or Director

Date