FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22687 (0)

1. Corporation Name

WAKULLA ARCHERY CLUB, INCORPORATED

Principal Place of Business	Mailing Address
RT 16 BOX 9090 TALLAHASSEE FL 32310	P.O. BOX 185 PANACEA FL 32346

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1987
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2873973 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DELANO TAYLOR
SILVER LAKE RD
PANACEA FL 32346

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DELANO, TAYLOR M	12 NAME	200001517162
STREET ADDRESS	SILVER LAKE RD	13 STREET ADDRESS	-06/20/95--01039--006
CITY-ST-ZIP	PANACEA FL	14 CITY-ST-ZIP	****130.00 ****130.00
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HARPER, CLIFTON A	22 NAME	
STREET ADDRESS	OLD BETHEL RD	23 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILE FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	DAVISM, JEFF	32 NAME	
STREET ADDRESS	SEABOARD RD	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☒ Change ☐ Addition
NAME	BILLY, BERRY	42 NAME	TD
STREET ADDRESS	GREEN 'BERRY RD	43 STREET ADDRESS	Guris Robert M.
CITY-ST-ZIP	TLH FL	44 CITY-ST-ZIP	Lonnie Gray Rd. Tallahassee Fla.
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ADAMS, EARLL	52 NAME	
STREET ADDRESS	8618 WAKULLA SPRINGS HWY	53 STREET ADDRESS	5/1/95 MS
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	LEWIS, RICKYNO	62 NAME	
STREET ADDRESS	OLD MAGNOLIA RD	63 STREET ADDRESS	REMITTED BY MAY 1
CITY-ST-ZIP	TLH FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-30-95 904-984-5433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020117