

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N22687 (0)**
1. Corporation Name

WAKULLA ARCHERY CLUB, INCORPORATED



Principal Place of Business: RT 16 BOX 8090 TALLAHASSEE FL 32310
Mailing Address: P.O. BOX 185 PANACEA FL 32346

3. Date Incorporated or Qualified: **09/25/1987**
3a. Date of Last Report: **05/01/1995**

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

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DELANO TAYLOR
SILVER LAKE RD
PANACEA FL 32346**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANO, TAYLOR M	1.2 NAME	
STREET ADDRESS	SILVER LAKE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, CLIFTON A	2.2 NAME	
STREET ADDRESS	OLD BETHEL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVISM, JEFF	3.2 NAME	
STREET ADDRESS	SEABOARD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURIS, ROBERT M	4.2 NAME	
STREET ADDRESS	LONNIE GREY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, EARLL	5.2 NAME	
STREET ADDRESS	8618 WAKULLA SPRINGS HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, RICKYNO	6.2 NAME	
STREET ADDRESS	OLD MAGNOLIA RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TLH FL	6.4 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)(k), 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: *[Signature]* **TREASURER** Date: **5/13** Daytime Phone #: **222-4768**

CR2E037 (12/95)