

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 9090 TALLAHASSEE FL 32310	Mailing Address P.O. BOX 185 PANACEA FL 32346-0185
---	--

2. Principal Place of Business 21 [] Suite, Apt. #, etc. 22 [] City & State 23 [] Zip [] Country		2a. Mailing Address 26 [] Suite, Apt. #, etc. 27 [] City & State 28 [] Zip [] Country		3. Date Incorporated or Qualified 09/25/1987	3a. Date of Last Report 05/16/1996
4. FEI Number 59-2873973		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

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				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83				84 City	

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 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 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 <input type="checkbox"/> DELETE	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	
TITLE	VD <input type="checkbox"/> DELETE	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	
TITLE	SD <input type="checkbox"/> DELETE	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	
TITLE	TD <input type="checkbox"/> DELETE	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	
TITLE	D <input type="checkbox"/> DELETE	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	
TITLE	D <input type="checkbox"/> DELETE	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 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.

CR2E037 (9/96)