

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N22687**

1. Entity Name  
**WAKULLA ARCHERY CLUB, INCORPORATED**



Principal Place of Business  
**4663 CYPRESS POINT RD  
TALLAHASSEE, FL 32305**

Mailing Address  
**P.O. BOX 185  
PANACEA, FL 32346**

**DO NOT WRITE IN THIS SPACE**



04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2873973**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DELANO TAYLOR  
SILVER LAKE RD  
PANACEA, FL 32346**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                 |                          |
|-----------------|--------------------------|
| TITLE           | PD                       |
| NAME            | DELANO, TAYLOR M         |
| STREET ADDRESS  | SILVER LAKE RD           |
| CITY - ST - ZIP | PANACEA, FL              |
| TITLE           | VD                       |
| NAME            | HARPER, CLIFTON A        |
| STREET ADDRESS  | OLD BETHEL RD            |
| CITY - ST - ZIP | CRAWFORDVILLE, FL        |
| TITLE           | SD                       |
| NAME            | DAVISM, JEFF             |
| STREET ADDRESS  | SEABOARD RD              |
| CITY - ST - ZIP | TALLAHASSEE, FL          |
| TITLE           | TD                       |
| NAME            | GURIS, ROBERT M          |
| STREET ADDRESS  | CYPRESS POINT RD         |
| CITY - ST - ZIP | TALLAHASSEE, FL          |
| TITLE           | D                        |
| NAME            | ADAMS, EARLL             |
| STREET ADDRESS  | 8618 WAKULLA SPRINGS HWY |
| CITY - ST - ZIP | TALLAHASSEE, FL          |
| TITLE           | D                        |
| NAME            | LEWIS, RICKYNO           |
| STREET ADDRESS  | OLD MAGNOLIA RD          |
| CITY - ST - ZIP | TLH, FL                  |

04/29/2004 08:00 AM 01:25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

488-5403

Daytime Phone #