

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 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



06252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2873973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 reinstalling)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

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

000000372520
07/13/05-80003-019 61.25

**DO NOT WRITE
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)(i), 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:

Robert M. Guris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/05
Date

888-575-4271
Citywide Phone #