


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N22687 1. Entity Name WAKULLA ARCHERY CLUB, INCORPORATED	
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Principal Place of Business 4663 CYPRESS POINT RD TALLAHASSEE, FL 32305	Mailing Address P.O. BOX 185 PANACEA, FL 32346
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07102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2873973	Applied For <input type="checkbox"/> 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
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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 re-registering) DATE

Filing Fee is \$61.25
Due by September 14, 2007

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 MAGNOLIA RD TLH, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date: **8/25/07** Daytime Phone # _____