


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90065 022 ****70.00

DOCUMENT # N44436 1. Entity Name LEE COUNTY ARCHERS, INC.					
Principal Place of Business NALLE GRADE PARK N. FT MYERS, FL			Mailing Address P.O. BOX 1437 LEHIGH ACRES, FL 33970		
2. Principal Place of Business <div style="text-align: center; font-size: 1.5em;">SAA</div>		3. Mailing Address <div style="text-align: center; font-size: 1.5em;">SAA</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0319972				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, ERNEST B III 660 ADDISON ST. EAST LEHIGH ACRES, FL 33936			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BALL, MIKE 212 SE 4TH PLACE CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D BRIGHT, PETER 1428 NW JANITA PLACE CAPE CORAL, FL 33993 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAN VOORHIS, TIM BOX 1053 ALVA, FL 33920 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STAHL, FRED 915 SE 20TH CT CAPE CORAL, FL 33990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FAHRNER, ROGER 700 CRAIG STREET LEHIGH ACRES, FL 33936 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUGHES, SHAWN 1227 NW 13TH PLACE CAPE CORAL, FL 33993 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MILLER, GREG 7400 COLLEGE PARKWAY UNIT 61D FORT MYERS, FL 33907 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D FELLER, JIMMY 1582 JOHNSTOWN CT. FORT MYERS 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROWN, E.B. III 660 ADDISON ST. EAST LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GALATZ, RALPH 3969 VILLMOUR LANE FORT MYERS, FL 33919 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Dr. E. B. Brown III</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			02/05/05 239.369.6212 <small>Date Daytime Phone #</small>		

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