

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

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**



01172008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0319972

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BROWN, ERNEST B III
660 ADDISON ST. EAST
LEHIGH ACRES, FL 33936**

**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

Dr. E. B. Brown III Secretary
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Jan. 17, 08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000821479
02/19/08-90025-023 70.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME BRIGHT, PETER
STREET ADDRESS 1428 NORTHWEST JUANITA PLACE
CITY-ST-ZIP CAPE CORAL, FL 33993

TITLE D
NAME VAN VOORHIS, TIM
STREET ADDRESS 21170 CAPT. NELSON CT.
CITY-ST-ZIP ALVA, FL 33920

TITLE VD
NAME LACKEY, JOHN
STREET ADDRESS P.O. BOX 172
CITY-ST-ZIP BOKEELIA, FL 33922

TITLE DT
NAME MILLER, GREG
STREET ADDRESS 7400 COLLEGE PARKWAY UNIT 61D
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE SD
NAME BROWN, E.B. III
STREET ADDRESS 660 ADDISON ST. EAST
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE PD
NAME GALATZ, RALPH
STREET ADDRESS 3969 VILLMOUR LANE
CITY-ST-ZIP FORT MYERS, FL 33919

**DO NOT WRITE
IN THIS SPACE**

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 i

Dr. E. B. Brown III Secretary

Jan. 17, 08