

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000003359 (6)

1. Corporation Name

SANTA ROSA ARCHERS, INC.



Principal Place of Business

Mailing Address

5949 SAVANNAH DR.  
MILTON FL 32570

5949 SAVANNAH DR.  
MILTON FL 32570

3. Date Incorporated or Qualified  
07/01/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 5735 Azalea Ave

26 5735 AZALEA AVE

4. FEI Number  
59-3219201

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State  
Milton FL

27 City & State  
MILTON FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip  
32570

Country

28 Zip  
32570

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNGBLOOD, JILL  
5949 SAVANNAH DR.  
MILTON FL 32570

81 Name  
LINDA PARKER

82 Street Address (P.O. Box Number is Not Acceptable)  
5735 AZALEA AVE

83

84 City  
MILTON

FL

85 Zip Code  
32570

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

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

LINDA PARKER

(NOTE: Registered Agent signature required when reinstating)

7/1/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
FRIZEL, MARY  
4259 GALT CITY RD.  
MILTON FL 32583 ☒ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
Linda Parker  
5735 Azalea Ave  
Milton FL 32570 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
YOUNGBLOOD, FELTON  
5949 SAVANNAH DR.  
MILTON FL 32570 ☒ DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
LARRY VANALSTINE  
4535 TREELINE DR  
PENSACOLA FL 32504 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
YOUNGBLOOD, JILL  
5949 SAVANNAH DR.  
MILTON FL 32570 ☒ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
ST  
TALMADGE PARKER  
5735 AZALEA AVE  
MILTON FL 32570 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  
500001890285  
-07/11/96--01009--000 026  
\*\*\*61.25 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*L Parker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L PARKER

4/30/96

904 626-5835

Date

Daytime Phone #

CR2E037 (12/95)