

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001323

FILED
Jul 02, 2004
Secretary of State**Entity Name:** TRI-STATE ARCHERS, INC.**Current Principal Place of Business:**1541 YEARLING TRAIL
TALLAHASSEE, FL 323119539**New Principal Place of Business:****Current Mailing Address:**1541 YEARLING TRAIL
TALLAHASSEE, FL 323119539**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ATKINSON, DEBORAH S
1541 YEARLING TRAIL
TALLAHASSEE, FL 323119539 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AUSTIN, OLIVER L III
Address: POST OFFICE BOX 907
City-St-Zip: TALLAHASSEE, FL 323020907

Title: STD () Delete
Name: ATKINSON, DEBORAH S
Address: 1541 YEARLING TRAIL
City-St-Zip: TALLAHASSEE, FL 323119539

Title: D () Delete
Name: AUSTIN, TIMOTHY O
Address: 1710 SW 76 TERR
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLIVER L AUSTIN III

PD

07/02/2004

Electronic Signature of Signing Officer or Director

Date