

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712595

FILED
Aug 14, 2008
Secretary of State

Entity Name: GASPARILLA BOWMEN, INC.

Current Principal Place of Business:

17302 N. DALE MABRY HWY
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1181
LAND O LAKES, FL 34634 US

New Mailing Address:

13927 FRIENDSHIP LANE
ODESSA, FL 33556 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALFONSO, THOMAS M
9401 N. ROME CIRCLE
TAMPA, FL 33612 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: P () Delete
Name: ALFONSO, THOMAS A
Address: 9401 N ROME CIRCLE
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: RAMIREZ, SAM
Address: 1125 EVENING TRAIL DRIVE
City-St-Zip: DADE CITY, FL 33525

Title: VP () Delete
Name: PALASKI, WILLIAM
Address: 23224 BELINDA DR
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: LOCKLER, JIM
Address: 9405 ROME CR
City-St-Zip: TAMPA, FL 33612

Title: S () Delete
Name: PALASKI, KAREN G
Address: PO BOX 1181
City-St-Zip: LAND O LAKES, FL 34639

Title: T () Delete
Name: ALFONSO, SHERRY
Address: 9401 W ROME CIR
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: RAMIREZ, SAM
Address: 1125 EVENING TRAIL DRIVE
City-St-Zip: DADE CITY, FL 33525

Title: SEC (X) Change () Addition
Name: HAAF, JAMES
Address: 13927 FRIENDSHIP LANE
City-St-Zip: ODESS, FL 33556

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

Title: D (X) Change () Addition
Name: PALASKI, KAREN G
Address: PO BOX 1181
City-St-Zip: LAND O LAKES, FL 34639

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES D. HAAF JR.

SEC

08/14/2008

Electronic Signature of Signing Officer or Director

Date