


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 718790</b> 1. Entity Name FLORIDA BOWHUNTERS COUNCIL, INC.	
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Principal Place of Business 5935 STATE ROAD 11 DE LEON SPRINGS, FL 32130 US	Mailing Address 5935 STATE ROAD 11 DE LEON SPRINGS, FL 32130 US
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**DO NOT WRITE IN THIS SPACE**



04072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2999698	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, LOWE  
7843 S LEEWYNN CT  
SARASOTA, FL 34240

**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 *Robert T. DuBoise* DATE 4-8-04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOGA BOOM, STEVE 5311 PINEVIEW WAY APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DU BOSE, BOB 5935 STATE ROAD 11 DE LEON SPRINGS, FL 32130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STEINGLEIN, DAVE 2705 59TH ST SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURKHART, RICHARD P.O. BOX 12 OLD TOWN, FL 32680
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000121535  
04/20/04-60057-001 \$1.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert T. DuBoise* DATE 4-8-04 DAYTIME PHONE # 386-985-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR