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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **767783** **(4)**

1. Corporation Name

PANHANDLE BOWHUNTER'S ASSOCIATION INC.

Principal Place of Business	Mailing Address
2256 CRICKET RIDGE DRIVE CANTONMENT FL 32533	2256 CRICKET RIDGE DRIVE CANTONMENT FL 32533-5720

3. Date Incorporated or Qualified: 04/01/1983
3a. Date of Last Report: 08/05/1996

2. Principal Place of Business
21: 8355 Stanton Pl.
22: Suite, Apt. #, etc.
23: City & State: Pensacola Fl.
24: Zip: 32526
25: Country: Escambia

2a. Mailing Address
26: 8355 Stanton Pl.
27: Suite, Apt. #, etc.
28: City & State: Pensacola Fl.
29: Zip: 32526
30: Country: Escambia

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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

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

9. Name and Address of Current Registered Agent

TUCKER, SCOOTER
2256 CRICKET RIDGE DRIVE
CANTONMENT FL 32533

10. Name and Address of New Registered Agent

81 Name: Pettey Yola F.
82 Street Address (P.O. Box Number is Not Acceptable): 8355 Stanton Pl.
83:
84 City: Pensacola FL 85 Zip Code: 32526

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: Yola F. Pettey Treasurer — Yola F. Pettey — 4-18-97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	BRYANT, LEVY		1.2 NAME	Pettey, Yola F.	
STREET ADDRESS	1100 CLYMIL DRIVE		1.3 STREET ADDRESS	8355 Stanton Pl.	
CITY-ST-ZIP	CANTONMENT FL 32533		1.4 CITY-ST-ZIP	Pensacola, Fl. 32526	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, DAVID		2.2 NAME		
STREET ADDRESS	1462 WISHBONE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STONE, LONNIE		3.2 NAME		
STREET ADDRESS	1165 CLYMILL DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TUCKER, SCOOTER		4.2 NAME		
STREET ADDRESS	2256 CRICKET RIDGE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Yola F. Pettey SIGNATURE REQUIRED Yola F. Pettey — 4-18-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0073360