

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90029 046 ****70.00

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1. Entity Name
PANHANDLE BOWHUNTER'S ASSOCIATION INC.



Principal Place of Business
**8355 STANTON PL
PENSACOLA, FL 32526 US**

Mailing Address
**8355 STANTON PL
PENSACOLA, FL 32526 US**

40005405



01182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**YOLA, PETTEY F
8355 STANTON PL
PENSACOLA, FL 32526**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
PETTEY, YOLA F
8355 STANTON PL
PENSACOLA, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
BRYANT, LEVY
1100 CLYMIL DR
CANTONMENT, FL 32533**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
BRYANT, JANICE
1000 CLYMIL DR.
CANTONMENT, FL 32533**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I 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 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: *Yola F. Pettey* **Yola F. Pettey**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-05
Date

850-455-1067
Daytime Phone #