## \_-2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 01, 2006 8:00 am Secretary of State **DOCUMENT # 767783** 03-01-2006 90035 003 \*\*\*\*70.00 1. Entity Name PANHANDLE BOWHUNTER'S ASSOCIATION INC. Principal Place of Business Mailing Address 8355 STANTON PL 8355 STANTON PL PENSACOLA FL 32526 PENSACOLA FL 32526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For NO-T APPLICABLE Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOLA, PETTEY F Street Address (P.O. Box Number is Not Acceptable) 8355 STANTON PL PENSACOLA FL 32526 City Zip Code 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 2-21-06 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TD ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME PETTEY, YOLA F NAME 8355 STANTON PL STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP CITY-ST-ZIP VD Delete ☐ Change TITLE ☐ Addition TITLE BRYANT, LEVY NAME NAME 1108 CLYMIL DR STREET ADDRESS STREET ADDRESS CANTONMENT FL 32533 CITY-ST-ZIP CITY-ST-ZIE PROSIDENT Delete TITLE Change **X** Addition TITLE LONNIE STONE BRYANT, JANICE NAME NAME 6931 Saufley Piwes RA. Penis Acold Fl. 325 1000 CLYMIL DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CANTONMENT FL 32533 CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CfTY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME

12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.

STREET ADDRESS CITY-ST-7/P

S. Dottou

STREET ADDRESS

CITY-ST-ZIP

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