

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003021

FILED
May 07, 2004
Secretary of State

Entity Name: ASSOCIATION OF TRADITIONAL HUNTING ARCHERS, INC.

Current Principal Place of Business:

2601 W FOUNTAIN BLVD
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

2601 W FOUNTAIN BLVD
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3656288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, JOHN R
2601 W FOUNTAIN BLVD
TAMPA, FL 33609

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: D () Delete
Name: DAHLBERG, JIM
Address: HC 52 BOX 174K5
City-St-Zip: HOT SPRINGS, SD 57747

Title: D () Delete
Name: TORGES, DEAN
Address: 7425 FONTANELLE RD
City-St-Zip: OSTRANDER, OH 43061

Title: D () Delete
Name: ROOK, JOHN
Address: 15 MIDWOOD CIR
City-St-Zip: YOUNGSTOWN, OH 44512

Title: D () Delete
Name: MATTSON, CORY
Address: 1719 WILKINS DR
City-St-Zip: SANFORD, NC 27330

Title: D () Delete
Name: MUSSATTO, TOM
Address: 7926 RENKEN RD
City-St-Zip: WORDEN, IL 62097

Title: D () Delete
Name: SHARP, LON
Address: 445 S. 3RD ST
City-St-Zip: HOT SPRINGS, FL 57747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEAN TORGES

D

05/07/2004

Electronic Signature of Signing Officer or Director

Date