FILE NOW: FILING FEE IS $61.25

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Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N22232** **(5)**

1. Corporation Name
TALLAHASSEE BOWHUNTERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ROUTE 4, BOX 472-D TALLAHASSEE FL 32304	ROUTE 4, BOX 472-D TALLAHASSEE FL 32304-9602

3. Date Incorporated or Qualified: 08/26/1987
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: 59-2916829 ☐ 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

VICKERS, CASS D.
8031 EVENING STAR LANE
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name: Campbell, Ken
82 Street Address (P.O. Box Number is Not Acceptable): 4004 Forsythe Way
83
84 City: Tallahassee **FL** 85 Zip Code: 32308

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: Kenneth M. Campbell
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	VD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CAMPBELL, KEN		1.2 NAME		
STREET ADDRESS	4004 FORSYTHE WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	LOVE, GUY		2.2 NAME	Jimbo Herring	
STREET ADDRESS	ROUTE 7, BOX 3075		2.3 STREET ADDRESS	523 Ravenview Dr.	
CITY-ST-ZIP	QUINCY FL		2.4 CITY-ST-ZIP	Tallahassee FL	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DENNIS, BRIAN P.		3.2 NAME		
STREET ADDRESS	2106 WOODSTOCK LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	SMITH, DEBBIE		4.2 NAME	Don Hargrove	
STREET ADDRESS	6050 DOME LEVEL RD		4.3 STREET ADDRESS	6812 Hill Gail Tr.	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	Tallahassee, FL	
TITLE	PD	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	VICKERS, CASS D.		5.2 NAME		
STREET ADDRESS	8031 LAVENING STAR LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	CONNELL, RICK		6.2 NAME	Joe Haley	
STREET ADDRESS	2933-A WOODRICH DRIVE		6.3 STREET ADDRESS	611 Collins Dr.	
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	Tallahassee, FL	

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.