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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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~~

3. Date Incorporated or Qualified: 08/26/1987

4. FEI Number: 59-2916829 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 4004 Forsythe Way
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Tallahassee FL.
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 32308 / Country 30 USA

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMPBELL, KEN
4004 FORSYTHE WAY
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ 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	VD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HERRING, JIMBO		2.2 NAME	Tim Whitfield	
STREET ADDRESS	523 RAVENVIEW DR		2.3 STREET ADDRESS	RT 3 Box 647	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Havana, FL 32333	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	DENNIS, BRIAN P.		3.2 NAME	Lisa Echiverri	
STREET ADDRESS	2106 WOODSTOCK LN		3.3 STREET ADDRESS	1534 Mitchell Ave	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	Tallahassee, FL. 32303	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARGROVE, DON		4.2 NAME		
STREET ADDRESS	6812 HILL GAIL TR		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	VICKERS, CASS D.		5.2 NAME	Elvy Carter	
STREET ADDRESS	8031 LAVENING STAR LANE		5.3 STREET ADDRESS	RT 1 Box 607	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	Tallahassee 32312	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HALEY, JOE		6.2 NAME		
STREET ADDRESS	611 COLLINS DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Kenneth M. Campbell Kenneth M. Campbell 4-20-98 488-9380
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SHOWING OFFICER OR DIRECTOR Date Daytime Phone # area code