

FILE NOW: FILING FEE IS \$61.25

FILED

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
**ROUTE 4, BOX 472-D
TALLAHASSEE FL 32304**

Mailing Address
**ROUTE 4, BOX 472-D
TALLAHASSEE FL 32304**



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

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

3. Date Incorporated or Qualified
08/26/1987

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**

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

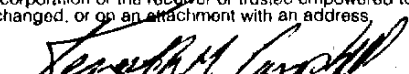
12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CAMPBELL, KEN	
STREET ADDRESS	4004 FORSYTHE WAY	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	VD	☒ DELETE
NAME	HERRING, JIMBO	
STREET ADDRESS	523 RAVENVIEW DR	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	TD	☒ DELETE
NAME	DENNIS, BRIAN P.	
STREET ADDRESS	2106 WOODSTOCK LN	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	SD	☐ DELETE
NAME	HARGROVE, DON	
STREET ADDRESS	6812 HILL GAIL TR	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	D	☒ DELETE
NAME	VICKERS, CASS D.	
STREET ADDRESS	8031 LAVENING STAR LANE	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	HALEY, JOE	
STREET ADDRESS	611 COLLINS DR	
CITY - ST - ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	Tim Whitfield
2.3 STREET ADDRESS	RT 3 Box 647
2.4 CITY - ST - ZIP	HAVANA, FL 32333
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	Lisa E. Chiverr
3.3 STREET ADDRESS	1534 Mitchell Ave
3.4 CITY - ST - ZIP	TALLAHASSEE, FL 32303
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	D
5.3 STREET ADDRESS	614 CARTER
5.4 CITY - ST - ZIP	RT 1 Box 607
5.5 CITY - ST - ZIP	TALLAHASSEE 32312
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 4-20-98 488-9380

CR2E037 (10/97)