

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22232

FILED  
May 09, 2008  
Secretary of State

**Entity Name:** TALLAHASSEE BOWHUNTERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4897 SPRINGHILL RD  
TALLAHASSEE, FL 32305

**New Principal Place of Business:**

**Current Mailing Address:**

4897 SPRINGHILL RD  
TALLAHASSEE, FL 32305

**New Mailing Address:**

**FEI Number:** 59-2916829      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CAMPBELL, KEN  
4001 FORSYTHE WAY  
TALLAHASSEE, FL 32309      US

**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: PD      ( ) Delete  
Name: CAMPBELL, KEN PRESIDE  
Address: 4001 FORSYTHE WAY  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: D      ( ) Delete  
Name: DENNIS, BRIAN DIRECTO  
Address: 2106 WOODSTOCK LN.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD      ( ) Delete  
Name: NELSON, CLIF TREASUR  
Address: 6823 HILL GAIL TRAIL  
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD      ( ) Delete  
Name: PAUL, DAVE SECRETA  
Address: 3126 FERNS GLEN DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D      ( ) Delete  
Name: KROMHOUT, CLINT DIRECTO  
Address: 1444 TIGER LILLY LN.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D      ( ) Delete  
Name: MCNUTT, SCOTT DIRECTO  
Address: 1815DEVRA DR  
City-St-Zip: TALLAHASSEE, FL 32303

**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  
Name:  
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 exemption stated in Chapter 119, 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: KENNETH M. CAMPBELL

PRES

05/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date