2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# N22232

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 ( )**

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 04/19/2009

Electronic Signature of Signing Officer or Director — Date