

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90090 020 \*\*\*\*61.25

<b>DOCUMENT # N92000000588</b>			
<b>1. Entity Name</b> TRADITIONAL BOWHUNTERS OF FLORIDA, INC.			
<b>Principal Place of Business</b> 1900 60TH WAY N ST PETERSBURG, FL 33710 US		<b>Mailing Address</b> 1900 60TH WAY N ST PETERSBURG, FL 33710 US	
<b>2. Principal Place of Business - No P.O. Box #</b> 4304 S.E. 5 <sup>th</sup> St.		<b>3. Mailing Address</b> 4304 S.E. 5 <sup>th</sup> St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Ocala, FL		<b>City &amp; State</b> Ocala, FL	
<b>Zip</b> 34471		<b>Country</b> U.S.A.	
<b>4. FEI Number</b> 59-3158538		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HORMAN, CHRIS M 1900 60TH WAY N ST PETERSBURG, FL 33710		<b>7. Name and Address of New Registered Agent</b> Name: Douglas H. Oswald Street Address (P.O. Box Number is Not Acceptable): 4304 S.E. 5 <sup>th</sup> St. City: Ocala FL Zip Code: 34471	
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <u>Douglas H. Oswald, as Sec. Treas.</u> 3/30/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> P <input type="checkbox"/> Delete <b>NAME</b> TETZLAFF, DAVID <b>STREET ADDRESS</b> 5823 SPANISH OAKS LANE <b>CITY-ST-ZIP</b> NAPLES, FL 34119	<b>TITLE</b> STO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> Douglas H. Oswald <b>STREET ADDRESS</b> 4304 S.E. 5 <sup>th</sup> St. Ocala, FL 34471 <b>CITY-ST-ZIP</b>		
<b>TITLE</b> VP <input type="checkbox"/> Delete <b>NAME</b> BRODEUR, CHRIS R <b>STREET ADDRESS</b> 11644 IRVING AVE <b>CITY-ST-ZIP</b> SEMINOLE, FL 33772	<b>TITLE</b> D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> Gregg Dudy <b>STREET ADDRESS</b> 13991 S.E. Hwy 42 Weirsdale, FL 32195 <b>CITY-ST-ZIP</b>		
<b>TITLE</b> SEC <input checked="" type="checkbox"/> Delete <b>NAME</b> HORMAN, CHRIS <b>STREET ADDRESS</b> 1900 60TH WAY N <b>CITY-ST-ZIP</b> ST PETERSBURG, FL 33710	<b>TITLE</b> D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> Jeff Hester <b>STREET ADDRESS</b> 13642 S. Hwy 25 East Lakeview, FL 32133 <b>CITY-ST-ZIP</b>		
<b>TITLE</b> D <input type="checkbox"/> Delete <b>NAME</b> CONNELL, RICK <b>STREET ADDRESS</b> 1610-B CAROLEWOOD CT <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32308	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> D <input type="checkbox"/> Delete <b>NAME</b> CARTER, WAYNE <b>STREET ADDRESS</b> 1473 WENTWORTH AVE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32259	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <u>Douglas H. Oswald</u> 3/30/2007 352.694.5969 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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