## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N92000000588

FILED Apr 03, 2009 Secretary of State

Entity Name: TRADITIONAL BOWHUNTERS OF FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4304 S.E. 5TH ST OCALA, FL 34471 US **Current Mailing Address: New Mailing Address:** 4304 S.E. 5TH ST OCALA, FL 34471 US FEI Number: 59-3158538 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OSWALD, DOUGLAS 4304 S.E. 5TH ST OCALA, FL 34471 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete TETZLAFF, DAVID TETZLAFF, DAVID Name: Name: 5823 SPANISH OAKS LANE Address: 5823 SPANISH OAKS LANE Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 Title: Title: (X) Change ( ) Addition ( ) Delete BRODEUR, CHRIS R Name: HESTER, JEFF Name: Address: 11644 IRVING AVE Address: 13642 S. HIGHWAY #42 City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: OCKLAWAHA, FL 32179 Title: STD () Delete Title: () Change () Addition OSWALD, DOUGLAS Name: Name: 4304 S.E. 5TH ST Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition LOVE, ANDY Name: CONNELL, RICK Name: 1610-B CAROLEWOOD CT 6335 SW 51ST TERRACE Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: OCALA, FL 32308 Title: () Delete Title: () Change () Addition CARTER, WAYNE Name: Name: 1473 WENTWORTH AVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition DUDLEY, GREGG DUDLEY, GREGG Name: Name: Address: 13991 S.E. HWY 42 Address: 13991 S.E. HWY 42 WEIRSDALE, FL 32195 WEIRSDALE, FL 32195 City-St-Zip: 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: DOUGLAS OSWALD STD 04/03/2009