

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006544

FILED
Mar 16, 2006
Secretary of State

Entity Name: DALMATIAN RESCUE OF TAMPA BAY, INC.

Current Principal Place of Business:

26201 LOST HORSE LANE
BROOKSVILLE, FL 34601

New Principal Place of Business:

410 HOLLY HILL ROAD
OLDSMAR, FL 34677

Current Mailing Address:

PO BOX 341951
TAMPA, FL 33694

New Mailing Address:

FEI Number: 42-1600855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPLER, PATRICK
26201 LOST HORSE LANE
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

MASSARO, SHERRY
410 HOLLY HILL ROAD
OLDSMAR, FL 34677 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: SHERRY MASSARO

03/16/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEBER, SUSAN
Address: 26201 LOST HORSE LANE
City-St-Zip: BROOKSVILLE, FL 34601

Title: V () Delete
Name: SHEPLER, PATRICK
Address: 26201 LOST HORSE LANE
City-St-Zip: BROOKSVILLE, FL 34601

Title: ST () Delete
Name: PETER, LEE
Address: 2729 1ST AVE W
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WEBER, SUSAN
Address: 1758 ENCHANTED FOREST ROAD
City-St-Zip: EASTSOUND, WA 98245

Title: V (X) Change () Addition
Name: SHEPLER, PATRICK
Address: 1758 ENCHANTED FOREST ROAD
City-St-Zip: EASTSOUND, WA 98245

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN WEBER

P

03/16/2006

Electronic Signature of Signing Officer or Director

Date