

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/20/95--01039--016
****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # **N47641 (8)**
1. Corporation Name
SUNCOAST BASSET HOUND CLUB OF TAMPA, FLORIDA, IN C.

Principal Place of Business Mailing Address
**% JEROME MANNING
15428 MANNING DRIVE
TAMPA FL 33612**

3. Date Incorporated or Qualified **03/03/1992** 3a. Date of Last Report **06/21/1994**
4. FEI Number **59-3136283** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 SAME 26 SAME

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 27
22

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 28
23

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

Zip Country 29 30
24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANNING, JEROME
15428 MANNING DRIVE
TAMPA FL 33612**

B1 Name **NO CHANGE**
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1568, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **MANNING, MARY**
STREET ADDRESS **15428 MANNING DR.**
CITY-ST-ZIP **TAMPA FL**

11 TITLE **(T)** **P** **LUCAS MARY K.** Change Addition
12 NAME
13 STREET ADDRESS **2375 S PALM BCH LOOP**
14 CITY-ST-ZIP **HOMOSASSA FL.**

TITLE **V**
NAME **LUCAS, MARY K**
STREET ADDRESS **2375 S. PALM BCH LOOP**
CITY-ST-ZIP **HOMOSASSA FL**

21 TITLE **(T)** **V** **MANNING, MARY** Change Addition
22 NAME
23 STREET ADDRESS **15428 MANNING DR**
24 CITY-ST-ZIP **TAMPA, FL**

TITLE **T**
NAME **KAMMERER JR., JOHN J.**
STREET ADDRESS **1072 MOLAN DRIVE** **MOLAN DRIVE**
CITY-ST-ZIP **LARGO FL**

31 TITLE **(T)** **T** **SAME** Change Addition
32 NAME
33 STREET ADDRESS **NOTE: CORRECT STREET NAME FROM MOLAN TO NOLAN**
34 CITY-ST-ZIP

TITLE **S**
NAME **WRAY, LENA**
STREET ADDRESS **POST OFFICE 2121 N/A**
CITY-ST-ZIP **ZOLFO SPRINGS FL**

41 TITLE **(T)** **S** **SAME** Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **D**
NAME **CANTELE, CYNTHIA**
STREET ADDRESS **12208 KELLY LN**
CITY-ST-ZIP **THOMOSSASSA FL**

51 TITLE **(D)** **D** **BOB LUCAS** Change Addition
52 NAME
53 STREET ADDRESS **2375 S PALM BCH LOOP**
54 CITY-ST-ZIP **HOMOSASSA FL**

TITLE **D**
NAME **WALLACE, BOB**
STREET ADDRESS **3856 CALLIANDRA DR.**
CITY-ST-ZIP **SARASOTA FL**

61 TITLE **(D)** **D** **SAME** Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-95

813 585 6838