

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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 **05/01/1995**  
4. FEI Number **59-3136283** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PT</b> <input type="checkbox"/> DELETE
NAME	<b>LUCAS, MARY K</b>
STREET ADDRESS	<b>2375 SOUTH PALM BEACH LOOP</b>
CITY-ST-ZIP	<b>HOMOSSASSA FL</b>
TITLE	<b>VT</b> <input type="checkbox"/> DELETE
NAME	<b>MANNING, MARY K</b>
STREET ADDRESS	<b>15428 MANNING DR.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>KAMMERER JR., JOHN J.</b>
STREET ADDRESS	<b>1072 NOLAN DRIVE</b>
CITY-ST-ZIP	<b>LARGO FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>WRAY, LENA</b>
STREET ADDRESS	<b>POST OFFICE 2121 N/A</b>
CITY-ST-ZIP	<b>ZOLFO SPRINGS FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LUCAS, BOB</b>
STREET ADDRESS	<b>2375 S. PALM BEACH LOOP</b>
CITY-ST-ZIP	<b>HOMOSSASSA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WALLACE, BOB</b>
STREET ADDRESS	<b>3656 CALLIANDRA DR.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>ST</b>
4.3 STREET ADDRESS	<b>546 BATHAUER</b>
4.4 CITY-ST-ZIP	<b>25442 POWELL ROAD</b>
	<b>BROOKSVILLE, FL. 34602</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D</b>
5.3 STREET ADDRESS	<b>SUSAN KAMMERER</b>
5.4 CITY-ST-ZIP	<b>1072 NOLAN DRIVE</b>
	<b>LARGO, FL. 34640</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:** \_\_\_\_\_ Date **2-5-96** Daytime Phone # **813 585-6838**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)