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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47641** (8)
1. Corporation Name
SUNCOAST BASSET HOUND CLUB OF TAMPA, FLORIDA, IN C.



Principal Place of Business % JEROME MANNING 15428 MANNING DRIVE TAMPA FL 33612	Mailing Address % JEROME MANNING 15428 MANNING DRIVE TAMPA FL 33613-1360
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3. Date Incorporated or Qualified 03/03/1992	3a. Date of Last Report 02/09/1996
4. FEI Number 59-3136283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	29 Country	30 Country
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9. Name and Address of Current Registered Agent
**MANNING, JEROME
15428 MANNING DRIVE
TAMPA FL 33612**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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	PT	<input type="checkbox"/> DELETE
NAME	LUCAS, MARY K	
STREET ADDRESS	2375 SOUTH PALM BEACH LOOP	
CITY - ST - ZIP	HOMOSASSA FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MANNING, MARY K	
STREET ADDRESS	15428 MANNING DR.	
CITY - ST - ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KAMMERER JR., JOHN J.	
STREET ADDRESS	1072 NOLAN DRIVE	
CITY - ST - ZIP	LARGO FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BATHAUER, SUE	
STREET ADDRESS	25442 POWELL RD	
CITY - ST - ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAMMERER, SUSAN	
STREET ADDRESS	1072 NOLAN DR	
CITY - ST - ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLACE, BOB	
STREET ADDRESS	3656 CALLIANDRA DR.	
CITY - ST - ZIP	SARASOTA FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: **JOHN J. (KAMMERER JR.)** *John J. Kammerer Jr.* 5-2-97 585-6838 (813)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048103

CR2E037 (9/96)