


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90028 019 ****61.25

DOCUMENT # N47641

1. Entity Name:
SUNCOAST BASSET HOUND CLUB OF TAMPA,
FLORIDA, INC.



Principal Place of Business % JEROME MANNING 15428 MANNING DRIVE TAMPA, FL 33612	Mailing Address % JEROME MANNING 15428 MANNING DRIVE TAMPA, FL 33612
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02062004 No Chg-NP CR2E037 (10/03)

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. Name and Address of Current Registered Agent

MANNING, JEROME
15428 MANNING DRIVE
TAMPA, FL 33612

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jerome Manning DATE: 02-18-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing).

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE: PT	NAME: LUCAS, MARY K.
STREET ADDRESS: 2375 SOUTH PALM BEACH LOOP.	CITY-ST-ZIP: HOMOSASSA, FL
TITLE: V.	NAME: BATHAUER, SUE <i>Jerome Manning</i>
STREET ADDRESS: 25442 POWELL RD. <i>15428 MANNING DR</i>	CITY-ST-ZIP: BROOKSVILLE, FL 34002 <i>TAMPA, FL 33613</i>
TITLE: T	NAME: KAMMERER JR., JOHN J.
STREET ADDRESS: 1072 NOLAN DRIVE	CITY-ST-ZIP: LARGO, FL
TITLE: ST	NAME: WALLACE, JUDY
STREET ADDRESS: 9922 289TH ST E	CITY-ST-ZIP: MYAKKA CITY, FL 34251
TITLE: D	NAME: KAMMERER, SUSAN
STREET ADDRESS: 1072 NOLAN DR.	CITY-ST-ZIP: LARGO, FL
TITLE: D	NAME: WALLACE, BOB
STREET ADDRESS: 9922 289TH ST E	CITY-ST-ZIP: MYAKKA CITY, FL 34251

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerome Manning *Jerome Manning* DATE: 2-18-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #