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May 10, 1999 8:00 am
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05-10-1999 90010 045 ****61.25

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000000395

1. Corporation Name

TAMPA BAY GREYHOUND ASSOCIATION, INC.

Principal Place of Business

3720 QUAIL FOREST DR.
 TARPON SPRINGS FL 34689

Mailing Address

3720 QUAIL FOREST DR.
 TARPON SPRINGS FL 34689



2. Principal Place of Business

21 17108 TIFFANY LAKE PL.

Suite, Apt. #, etc.

22 City & State

23 LUTZ, FL

Zip Country

24 33549 **25** USA

2a. Mailing Address

26 17108 TIFFANY LAKE PL.

Suite, Apt. #, etc.

27 City & State

28 LUTZ, FL

Zip Country

29 33549 **30** USA

3. Date Incorporated or Qualified

01/26/1994

4. FEI Number

59-3211275

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

9. Name and Address of Current Registered Agent

CAPLE, PAUL T
 3720 QUAIL FOREST DR.
 TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

FRANCESCA FIELD

82 Street Address (P.O. Box Number is Not Acceptable)

17108 TIFFANY LAKE PL

83

84 City

LUTZ

FL

85 Zip Code
33549

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 *Francesca King Field TD* **15-4-99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DS** DELETE
 NAME **CAPLE, PAUL T.**
 STREET ADDRESS **3720 QUAIL FOREST DRIVE**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **D** DELETE
 NAME **MARRIOTT, CHARLES**
 STREET ADDRESS **11565 7TH LANE #1607**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **PD** DELETE
 NAME **HOLLAND, CAL**
 STREET ADDRESS **75 STREET**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **VPD** DELETE
 NAME **SCHEELE, PAUL**
 STREET ADDRESS **1951 GLENN LAKE CIR N.**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** Change Addition
 NAME **CALVIN J. HOLLAND**
 STREET ADDRESS **8400 7th ST. N.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

TITLE **VPD** Change Addition
 NAME **RODNEY CONNELL**
 STREET ADDRESS **P. O. BOX 950550**
 CITY-ST-ZIP **LAKE MARY, FL 32795**

TITLE **SD** Change Addition
 NAME **JAMES C. ABERNATHY JR.**
 STREET ADDRESS **821 88th AVE. N.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

TITLE **TD** Change Addition
 NAME **FRANCESCA FIELD**
 STREET ADDRESS **17108 TIFFANY LAKE PL.**
 CITY-ST-ZIP **LUTZ, FL 33549**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Francesca King Field TD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15-4-99 **1813-949-2653**

Date Daytime Phone #

CR2E037 (11/98)