


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000000395 1. Entity Name TAMPA BAY GREYHOUND ASSOCIATION, INC.	
--	---

FILED
 05 MAR -1 PM 5:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 3720 QUAIL FOREST DRIVE TARPON SPRINGS, FL 34689	Mailing Address 3720 QUAIL FOREST DRIVE TARPON SPRINGS, FL 34689
--	--



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

01252005 Chg-NP CR2E037 (10/03)

City & State Zip Country	4. FEI Number 59-3211275
-----------------------------	------------------------------------

Applied For
Not Applicable

6. Name and Address of Current Registered Agent CAPLE, PAUL 3720 QUAIL FOREST DRIVE TARPON SPRINGS, FL 34689	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
--	---

FL Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	TITLE	600048830826 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPLE, PAUL	NAME	03/22/05--01008--020 **\$61.25
STREET ADDRESS	3720 QUAIL FORREST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	CITY-ST-ZIP	
TITLE	VPD	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELL, RODNEY	NAME	John Filipelli, JR.
STREET ADDRESS	P O BOX 950550	STREET ADDRESS	1390 86th TERR N
CITY-ST-ZIP	LAKE MARY, FL 32795	CITY-ST-ZIP	ST PETERSBURG, FL 33702
TITLE	PD	TITLE	3935 92ND TERR N <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, CAL	NAME	Pinellas Park, FL 33782
STREET ADDRESS	8400 -7TH ST N.	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 33702	CITY-ST-ZIP	
TITLE	SD	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESPERANCE, JAN A	NAME	Randy Finegan
STREET ADDRESS	8410 ORIENT WAY N.E.	STREET ADDRESS	8476 LAKE MARIETTA DR. S
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	CITY-ST-ZIP	Jacksonville, FL 32220
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Paul Caple Paul Caple Treas D* **Date:** *3/25/05* **Daytime Phone #:** *727-515-9867*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR