2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90033 024 ****65.00

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1. Entity Name
TAMPA BAY GREYHOUND ASSOCIATION, INC.

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

Mailing Address
3720 QUAIL FOREST DRIVE
TARPON SPRINGS, FL 34689

4011555

02152007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number 59-3211275 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	CAPLE, PAUL	NAME	
STREET ADDRESS	3720 QUAIL FORREST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	CITY-ST-ZIP	
TITLE	P ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	FILIPELL, JOHN	NAME	
STREET ADDRESS	1390 86TH TERRACE NORTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	HOLLAND, CAL	NAME	
STREET ADDRESS	3935 92ND TERRACE NORTH	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK, FL 33782	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FINEGAN, RANDY	NAME	
STREET ADDRESS	8476 LAKE MARIETTA DR. S.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32220	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	VP ☐ Change ☒ Addition
NAME		NAME	JAMES CAMPBELL
STREET ADDRESS		STREET ADDRESS	222 81ST AVE NE
CITY-ST-ZIP		CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 exemptions contained in Chapter 119, 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 4/30/07 727-515-9867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #