

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000395

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: TAMPA BAY GREYHOUND ASSOCIATION, INC.

**Current Principal Place of Business:**

3720 QUAIL FOREST DRIVE  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

3720 QUAIL FOREST DRIVE  
TARPON SPRINGS, FL 34688

**Current Mailing Address:**

3720 QUAIL FOREST DRIVE  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

FEI Number: 59-3211275      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPLE, PAUL  
3720 QUAIL FOREST DRIVE  
TARPON SPRINGS, FL 34689      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CAPLE, PAUL  
Address: 3720 QUAIL FORREST DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: P      ( ) Delete  
Name: HOLLAND, CAL  
Address: 3935 92ND TERRACE NORTH  
City-St-Zip: PINELLAS PARK, FL 33782

Title: SD      ( ) Delete  
Name: FINEGAN, RANDY  
Address: 8476 LAKE MARIETTA DR. S.  
City-St-Zip: JACKSONVILLE, FL 32220

Title: V      ( ) Delete  
Name: CAMPBELL, JAMES  
Address: 222 81ST AVE NE  
City-St-Zip: SAINT PETERSBURG, FL 33702

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL CAPLE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

T D

04/06/2009

\_\_\_\_\_  
Date