FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -4 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **701473** **(1)**

1. Corporation Name

DOG TRAINING CLUB OF ST PETERSBURG INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O STAPLETON & SMITH, P.A. 6600 34 AVE. NO. ST. PETERSBURG FL 33710	C/O STAPLETON & SMITH, P.A. 6600 34 AVE. NO. ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified: **09/29/1960**
3a. Date of Last Report: **03/02/1994**
4. FEI Number: **23-7099551** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SMITH, TED
C/O STAPLETON & SMITH, P.A.
6600 34 AVE. NO.
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	KENNEDY, MARY ANN	1.2 NAME	WEST, DESMA	
STREET ADDRESS	6600 12TH ST., N.	1.3 STREET ADDRESS	665 Villa Grande Avenue South	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33707	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	WEST, DESMA	2.2 NAME	WALKER, VIRGINIA	
STREET ADDRESS	665 VILLA GRANDE AVE. S	2.3 STREET ADDRESS	4690 36th Avenue North	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	WALKER, JOHN	3.2 NAME	KILLEEN, JOANNE	
STREET ADDRESS	4690 36 AVE. NO.	3.3 STREET ADDRESS	4711 47th Street North	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	Pinellas Park, FL 33665	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	KILLEEN, JOANNE	4.2 NAME	REED, LORRIE K.	
STREET ADDRESS	7811 47TH STREET NORTH	4.3 STREET ADDRESS	4365 66th Avenue North	
CITY-ST-ZIP	PINELLAS PARK FL	4.4 CITY-ST-ZIP	Pinellas Park, FL 34665	
TITLE	TD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	REED, LORRIE	5.2 NAME	DUNFORD, APRIL	
STREET ADDRESS	4365 66 AVE. NO.	5.3 STREET ADDRESS	6698 27th Street North	
CITY-ST-ZIP	PINELLAS PARK FL	5.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	AYMAR, BEA	6.2 NAME		
STREET ADDRESS	3060 58 AVE. N.	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: April Dunford APRIL DUNFORD 3-23-95 813 527-9468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000402