

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 701473 (1)

1. Corporation Name

DOG TRAINING CLUB OF ST PETERSBURG INC



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

04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WEST, DESMA	
STREET ADDRESS	665 VILLA GRANDE AVENUE SOUTH	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALKER, VIRGINIA	
STREET ADDRESS	4690 36TH AVENUE NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KILLEEN, JOANNE	
STREET ADDRESS	4711 47TH STREET NORTH	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	38A PRESIDENT	<input type="checkbox"/> DELETE
NAME	REED, LORRIE K	
STREET ADDRESS	4365 66TH AVENUE NORTH	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DUNFORD, APRIL	
STREET ADDRESS	6698 27TH STREET NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AYMAR, BEA	
STREET ADDRESS	3088 56 AVE. N.	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ALAN CONROY (Director)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	4727 14th Avenue North	
1.3 STREET ADDRESS	St. Petersburg, FL 33713	
1.4 CITY - ST - ZIP		
2.1 TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JUDY ROHR	
2.3 STREET ADDRESS	5662 63rd Way North	
2.4 CITY - ST - ZIP	St. Petersburg, FL 33709	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL DUNFORD, Treasurer

Date

4-2-96

Daytime Phone #

813
527-9468

CR2E037 (12/95)