DOCUMENT# N47641

Entity Name: SUNCOAST BASSET HOUND CLUB OF TAMPA, FLORIDA, INC.

Current Principal Place of Business:

SUE BATHAUER 25442 POWELL RD. BROOKSVILLE, FL 34602

Current Mailing Address:

SUE BATHAUER 25442 POWELL RD. BROOKSVILLE, FL 34602 US

FEI Number: 59-3136283

Name and Address of Current Registered Agent:

BATHAUER, SUE SUE BATHAUER 25442 POWELL RD. BROOKSVILLE, FL 34602 US

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	SUE BATHAUER			04/12/2022
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	TREASURER	Title	DIRECTOR	
Name	BATHAUER, SUE	Name	WALLACE, BOB	
Address	25442 POWELL ROAD	Address	P. O. BOX 51085	
City-State-Zip:	BROOKSVILLE FL 34602	City-State-Zip:	SARASOTA FL 34232	
Title	DIRECTOR	Title	DIRECTOR	
Name	MOORE, JULIE	Name	CASEY, JEFFIE	
Address	3325 SANDY DR.	Address	113 PRITCHARD DR.	
City-State-Zip:	ZEPHYRHILLS FL 33541	City-State-Zip:	PALM COAST FL 32164	
Title	SECRETARY	Title	DIRECTOR	
Name	FERGUSON, ELLEN	Name	MCCONNELL, CONNIE	
Address	5245 KIRBY THOMPSON	Address	8391 SE 72ND AVE.	
City-State-Zip:	LABELLE FL 33935	City-State-Zip:	OCALA FL 34472	
Title	PRESIDENT	Title	DIRECTOR	
Name	MARQUEZ, SANDRITA	Name	METZ, GARY	
Address	5151 E. TRISS ST.	Address	3325 SANDY DR.	
City-State-Zip:	INVERNESS FL 34452	City-State-Zip:	ZEPHYRHILLS FL 33541	
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I hereby 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 all other like empowered.

SIGNATURE: SUE BATHAUER		TREASURER	04/12/2022
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Apr 12, 2022 Secretary of State 0602341777CC

Certificate of Status Desired: No

Officer/Director Detail Continued :

Title	VP
Name	RAJAD, MARIA LUIZA
Address	6770 TINKERBELL LANE
City-State-Zip:	JACKSONVILLE FL 32210