

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR -4 PH 3:30

DOCUMENT # 701473 (1)

1. Corporation Name

DOG TRAINING CLUB OF ST PETERSBURG INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O STAPLETON & SMITH, P.A.
6800 34 AVE. NO.
ST. PETERSBURG FL 33710

C/O STAPLETON & SMITH, P.A.
6800 34 AVE. NO.
ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, TED
C/O STAPLETON & SMITH, P.A.
6800 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 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
KENNEDY, MARY ANN
6800 12TH ST., N.
ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
WEST, DESMA
665 VILLA GRANDE AVE. S
ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
WALKER, JOHN
4800 38 AVE. NO.
ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
KILLEEN, JOANNE
7811 47TH STREET NORTH
PINELLAS PARK FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
REED, LORRIE
4385 06 AVE. NO.
PINELLAS PARK FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
AYMAR, BEA
3088 58 AVE. N.
ST PETERSBURG, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

P
WEST, DESMA
665 Villa Grande Avenue South
St. Petersburg, FL 33707

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

VD
WALKER, VIRGINIA
4690 36th Avenue North
St. Petersburg, FL 33713

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

D
KILLEEN, JOANNE
4711 47th Street North
Pinellas Park, FL 33665

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

SD
REED, LORRIE K.
4365 66th Avenue North
Pinellas Park, FL 34665

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TD
DUNFORD, APRIL
6698 27th Street North
St. Petersburg, FL 33702

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-95

813
527-9468