

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 C/O STAPLETON & SMITH. P.A. 6600 34 AVE. NO. ST. PETERSBURG FL 33710	Mailing Address C/O STAPLETON & SMITH. P.A. 6600 34 AVE. NO. ST. PETERSBURG FL 33710
--	--

3. Date Incorporated or Qualified 09/29/1960	
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VD ☐ DELETE
NAME	CONROY, ALAN
STREET ADDRESS	4727 14TH AVE N
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	SD ☐ DELETE
NAME	WALKER, VIRGINIA
STREET ADDRESS	4690 36TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D ☐ DELETE
NAME	LIPSID, JULIA
STREET ADDRESS	4855 A COBIA DRIVE SE
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	PD ☒ DELETE
NAME	REED, LORRIE K
STREET ADDRESS	4365 66TH AVENUE NORTH
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	TD ☐ DELETE
NAME	DUNFORD, APRIL
STREET ADDRESS	6698 27TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	TR ☐ DELETE
NAME	ROHR, JUDY
STREET ADDRESS	5662 63RD WAY N
CITY-ST-ZIP	ST PETERSBURG, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Lipsio
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	Diane Conroy
4.3 STREET ADDRESS	4727 14th Avenue North
4.4 CITY-ST-ZIP	St. Petersburg, FL
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	President ☒ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/13/98

813 527-5568

CP2E037 (10/97)